

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P97000059679

1. Entity Name

S.F.G. HOLDINGS, INC.

Principal Place of Business
603 SARASOTA QUAY
SARASOTA, FLORIDA
34236

Mailing Address
603 SARASOTA QUAY
SARASOTA, FLORIDA
34236

FILED

00 OCT -9 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAREAU, RENE A.
4273 BOCA POINTE DRIVE
SARASOTA, FLORIDA
34238

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so: ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME FENTON, SHELDON C.
STREET ADDRESS 149 DUNVEGAN ROAD
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5P 2N8

TITLE DP ☐ Change ☒ Addition
NAME CRUICKSHANK, MICHAEL B.
STREET ADDRESS 521 PALACE STREET
CITY-ST-ZIP WHITBY, ONTARIO CANADA L1N 507

TITLE DCS ☒ Delete
NAME GAREAU, RENE A.
STREET ADDRESS 4273 BOCA POINTE DRIVE
CITY-ST-ZIP SARASOTA, FLORIDA 34238

TITLE DVS ☐ Change ☒ Addition
NAME ZIEDENBERG, MICHAEL S.
STREET ADDRESS 108 DAWLISH AVENUE
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5N 1H3

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME FENTON, BRIAN S.
STREET ADDRESS 586 CASTLEFIELD AVENUE
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5N 1L8

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME TAYLOR, JEFFREY A.
STREET ADDRESS 43 RANDOLPH ROAD
CITY-ST-ZIP TORONTO, ONTARIO CANADA M4G 3R8

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)