

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074734

1. Entity Name

FILLMORE GALLERY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90020 023 ***150.00

Principal Place of Business

17 FILLMORE DRIVE
SARASOTA FL 34236

Mailing Address

17 FILLMORE DRIVE
SARASOTA FL 34236-2048

2. Principal Place of Business

723 S. BLVD. OF PRESIDENTS — SAME
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

65-0777050

Applied For

Not Applicable

Zip

34236

Country

SARASOTA

Zip

34236

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
LAW OFFICE-KIRK-PINKERTON
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

Joan Weiss

Signature of registered agent 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

TITLE PTD
NAME WEISS, JOAN
STREET ADDRESS 723 S BLVD OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE VS
NAME TALBERT, BRENDA
STREET ADDRESS 2304 63RD ST COURT W
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE D
NAME PEREKOVICH, JOHN A
STREET ADDRESS 2424 LORRAINE RD
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE D
NAME BLACKFOX, BUCK
STREET ADDRESS 5910 BENJAMIN CENTER DR., SUITE 107
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Joan Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

Daytime Phone #