

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082145

1. Entity Name

STEINER ENTERPRISES OF CHARLOTTE COUNTY, INC.

Principal Place of Business

343 BAHIA BLANCA DRIVE
PUNTA GORDA FL 33983

Mailing Address

343 BAHIA BLANCA DRIVE
PUNTA GORDA FL 33983-5521

2. Principal Place of Business

1427 Mineo DR.

3. Mailing Address

1427 Mineo DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Punta Gorda FL

Zip

33950

Country

Zip

33950

Country

4. FEI Number

65-0786157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINER, JAMES M
343 BAHIA BLANCA DRIVE
PUNTA GORDA FL 33983

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
NAME STEINER, JAMES M
STREET ADDRESS 343 BAHIA BLANCA DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1427 Mineo Drive
CITY-ST-ZIP Punta Gorda FL 33950

TITLE STD
NAME STEINER, MARY R
STREET ADDRESS 343 BAHIA BLANCA DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1427 Mineo Drive
CITY-ST-ZIP Punta Gorda FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Mary R Steiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

941-637-4655

Daytime Phone #

CR2F034 (9/99)