

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082489

1. Entity Name

MERRIMAN PROPERTIES COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90866 023 ***150.00

Principal Place of Business

Mailing Address

3575 BENNINGTON STE 21
FT MYERS FL 33919-5125

3575 BENNINGTON STE 21
FT MYERS FL 33919-5125

2. Principal Place of Business

2519 McMULLEN BOOTH
Suite, Apt. #, etc.
510-270

3. Mailing Address

2519 McMULLEN BOOTH
Suite, Apt. #, etc.
510-270



DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL
Zip
33761
Country
USA

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Country
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4. FEI Number 58-2352307

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONETTI, FRANK JR
10060 DOVER CARRIAGE LN
FT WORTH FL 33467-8114

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
66 ST JAMES DR.
BALLENISLES
PALM BEACH GARDENS FL 33418

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRUEDALE, RICHARD S 3575 BENNINGTON STE 21 FT MYERS FL 33919-5125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORREY COOPER	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 VILLA CT. SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORREY COOPER VICE PRESIDENT & TREAS. 2011 CASTILLE DR. PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard S. Truedale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD S. TRUEDALE

5/1/00
Date

(727) 480-0959
Daytime Phone #

CR2E034 (9/99)