

# 2000 UNIFORM BUSINESS REPORT (UBR)

0495621

DOCUMENT # P97000085955

1. Entity Name  
WURZBURG BOCA GREENS, INC.

FILED

00 FEB -9 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1255 GULFSTREAM AVENUE #1008  
SARASOTA FL 34236

Mailing Address

1255 GULFSTREAM AVENUE #1008  
SARASOTA FL 34236-1583

2. Principal Place of Business

318 N

3. Mailing Address

Suite, Apt. #, etc.

Sara

Suite, Apt. #, etc.

FL 34236

City & State

City & State

4. FEI Number 65-0791764

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WURZBURG, A H  
Apt N313  
700 John Ringling Blvd.  
Sarasota, FL 34236

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          | D                            | <input type="checkbox"/> Delete |
| NAME           | WURZBURG, A H                |                                 |
| STREET ADDRESS | 1255 GULFSTREAM AVENUE #1008 |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236            |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | WURZBURG, MINNA S            |                                 |
| STREET ADDRESS | 1255 GULFSTREAM AVENUE #1008 |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236            |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                              |                                                                   |
|----------------|------------------------------|-------------------------------------------------------------------|
| TITLE          | president                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MINNA & HART WURZBURG        |                                                                   |
| STREET ADDRESS | 700 JOHN RINGLING BLVD       |                                                                   |
| CITY-ST-ZIP    | SARASOTA, FL 34236 APT. N313 |                                                                   |
| TITLE          | secretary                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MINNA & HART WURZBURG        |                                                                   |
| STREET ADDRESS | 700 JOHN RINGLING BLVD       |                                                                   |
| CITY-ST-ZIP    | SARASOTA, FL 34236 APT. N313 |                                                                   |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                              |                                                                   |
| STREET ADDRESS |                              |                                                                   |
| CITY-ST-ZIP    |                              |                                                                   |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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)