

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90043 043 ***550.00

DOCUMENT # P97000093605

1. Entity Name
ANTHONY M. KANARIS & ASSOCIATES INC.

Principal Place of Business

13059 HILARY ST
 SPRING HIL FL 34609

Mailing Address

13059 HILARY ST
 SPRING HIL FL 34609

2. Principal Place of Business

8004 PAGODA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8004 PAGODA DRIVE

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

Zip

34606

Country

USA

Zip

34606

Country

USA

4. FEI Number

59-3482707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANARIS, ANTHONY M
13059 HILARY ST
SPRING HIL FL 34609

7. Name and Address of New Registered Agent

Name

KANARIS ANTHONY M

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

8004 PAGODA DRIVE

City

SPRING HILL

FL

Zip Code

34606

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

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **KANARIS, ANTHONY M**
 STREET ADDRESS **13059 HILARY ST**
 CITY-ST-ZIP **SPRING HIL FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **KANARIS, ANTHONY M**
 STREET ADDRESS **8004 PAGODA DRIVE**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

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

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

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

TITLE ☐ Change ☐ Addition
 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Daytime Phone #

CR2E034 (5/00)