

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040074

1. Entity Name

ONDINE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90259 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1001 THIRD AVENUE WEST  
SUITE 600  
BRADENTON FL 34205

1001 THIRD AVENUE WEST  
SUITE 600  
BRADENTON FL 34205-7861

2. Principal Place of Business

6023 26th St. W.

3. Mailing Address

6023 26th St. W.

Suite, Apt. #, etc.  
#113

Suite, Apt. #, etc.  
#113

City & State  
Bradenton, FL

City & State  
Bradenton, FL

4. FEI Number 65-0835084

Applied For

Not Applicable

Zip  
34210

Country  
Manatee

Zip  
34210

Country  
Manatee

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

MCGUIRE, PRATT, MASIO & FARRANCE, P.A.  
1001 THIRD AVENUE WEST  
SUITE 600  
BRADENTON FL 34205

Name John W. Kaklis, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
1001 Third Avenue West, Suite 600

City Bradenton

FL

Zip Code  
34205

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	<input type="checkbox"/> Delete
NAME	PIERCE, YANNICK	
STREET ADDRESS	7015 WHITEBRIDGE CLEN	
CITY-ST-ZIP	SARASOTA FL 34201	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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

2/23/00 (941) 748-7076

Date

Daytime Phone #

CR2E034 (9/99)