

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90365 027 \*\*\*150.00

0410768

**DOCUMENT # P98000049351**

1. Entity Name  
**AMERICAN STAND & EXPOSITIONS, INC.**

Principal Place of Business  
**4251 N. Washington Blvd  
4152 INDEPENDENT CT., UNIT C8  
SARASOTA FL 34234**

Mailing Address  
**4251 N. Washington Blvd - Unit C3+C4  
SARASOTA FL 34234**

816724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4251 N. Washington Blvd  
Suite, Apt. #, etc.  
Suite C3+C4  
City & State  
Sarasota Fl  
Zip  
34234 Country  
USA**

3. Mailing Address  
**4251 N. Washington Blvd  
Suite, Apt. #, etc.  
Suite C3+C4  
City & State  
Sarasota Fl  
Zip  
34234 Country  
USA**

4. FEI Number **65-0849115**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THOMAS, NORM  
4251 N. Washington Blvd  
4152 INDEPENDENT CT., UNIT C8  
SARASOTA FL 34234**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, NORM 4152 INDEPENDENT CT., UNIT C8 SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACLENNAN, SANDRA 4152 INDEPENDENT CT., UNIT C8 SARASOTA FL 34234</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 03/01/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)