

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052070

1. Entity Name

SACRED MOUNTAIN, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90005 002 \*\*\*558.75

Principal Place of Business

6539 MAGELLAN COURT  
#102  
SARASOTA FL 34243

Mailing Address

6539 MAGELLAN COURT  
#102  
SARASOTA FL 34243-1140

2. Principal Place of Business

307 45th St. W.  
Suite, Apt. #, etc.

3. Mailing Address

307 45th St. W.  
Suite, Apt. #, etc.

City & State  
Bradenton FL

Zip  
34209

Country  
USA

City & State  
Bradenton FL

Zip  
34209

Country  
USA

4. FEI Number 65-0843043

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BOTKIN, W. WADE III  
6539 MAGELLAN COURT  
#102  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name Botkin, W. Wade III  
Street Address (P.O. Box Number is Not Acceptable)  
307 45th St. W.  
City Bradenton FL Zip Code 34209

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 W. Wade Botkin III DATE 7/27/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BOTKIN, W. WADE	
STREET ADDRESS	6539 MAGELLAN COURT, #102	
CITY-ST-ZIP	BRADENTON FL 34203	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Botkin, W. Wade	of address
STREET ADDRESS	307 45th St. W.	
CITY-ST-ZIP	Bradenton, FL 34209	
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		
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: W. Wade Botkin III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00 941-748-2144  
Date Daytime Phone #

CR2E034 (9/99)