## 2000 UNIFORM BUSINESS REPORT (UBR)/

DOCUMENT # P98000052407 9 356-1/V  1. Entity Name PUTTERS II, INC.					May 04, 2000 8:00 am Secretary of State 05-04-2000 90101 033 ***150.00			
Principal Place of Business Mailing Address								
240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236		240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236-6717						
2. Principal Place of Business		3. Mailing Address P.O. Box 49948						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		İ	C	O NOT WRITE IN TH	HIS SPACE	
City & State		City&State Sarasota, Florida		4.	FEI Number 6	5-0844696	. —	plied For t Applicable
Zip	Country	Zip 34230-6948	Country USA	5.	Certificate of Sta	us Desired	\$8.75 Add	
	6. Name and Address of Current I	<del></del>	AGU	7.	Name and Addre	ss of New Register		-
			Name			<del></del>	i	
1680	d, gregory s Fruitville RD., suite 102	Street Address		dress (P.O.	P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34236						•	
			City				Zip Code	9
Tax filing r	Signature, typed or printed name of registered agent is praction is eligible to satisfy its intangible equirement and elects to do so. it on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election ( Trust Fun	Campaign Financing d Contribution.	. ☐ Added	O May Be to Fees
11.	OFFICERS AND		12.	A	DDITIONS/CHAN	GES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Band, David S 240 S. Pineapple ave., 10th F Sarasota Fl 34236	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		_		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Hanan, Lewis 1830 S. Tuttle ave. Sarasota fl 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEVNER, GERALD 4077 FLAMINGO AVE. SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <del>.</del>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHENBLATT, MARVIN 204 N. TAMIAMI TRAIL SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	- 100	i Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that my	signature shall ha	ve the same	e legal effect as if i	made under oath; th	at I am an officer	or director

of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered. David S. Band

Director

4/19/00

(941) 366-6660

Daytime Phone #

CR2F034 (9/40)