

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# **P98000055618**

1. Entity Name

THE ASPEN CENTRE SEA & GARDEN SPA, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90059 009 ***150.00

Principal Place of Business
POST OFFICE BOX 770909
NAPLES, FL 34107

Mailing Address
POST OFFICE BOX 770909
NAPLES, FL 34107

2. Principal Place of Business
10 CEDAR SWAMP ROAD

3. Mailing Address
10 CEDAR SWAMP ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GLEN COVE, NY

City & State
GLEN COVE, NY

4. FEI Number
~~INACTIVE~~

☒ Applied For
☐ Not Applicable

Zip
11542

Country
USA

Zip
11542

Country
USA

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

80036742

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANNUNZIATA, RICHARD S.
SIESKY & ALON
1000 NORTH TAMAMI TRAIL #201
NAPLES, FL 33940

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAKI, ROBIN
8 MICHAELS LANE
OLD BROOKVILLE, NY 11545

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number

3/6/00