

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90040 049 ***150.00

DOCUMENT # P98000057193

1. Entity Name

THORPE INCORPORATED

Principal Place of Business

Mailing Address

~~SANDCASTLE WAY~~
~~INDIAN HARBOR BCH FL 32937~~

~~2585 SANDCASTLE WAY~~
~~INDIAN HARBOR BCH FL 32937-2317~~

2. F **THORPE, INCORPORATED**

218A E. EAU GALLIE BLVD. #140
INDIAN HARBOR BCH, FL. 32937

ing Address

Apt. #, etc.

& State

Zip

Country

Zip

Country

4. FEI Number **59-3519241**

Applied For

Not Applicable

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 D

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. **JAMES W. THORPE**

IS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THORPE, JAMES W
~~2585 SAND CASTLE WAY~~
~~INDIAN HARBOR BCH FL 32903-2317~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
218A E. EAU GALLIE BLVD #140
INDIAN HARBOR BCH, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
THORPE, KATHRYN L
~~2585 SAND CASTLE WAY~~
~~INDIAN HARBOR BCH FL 32903-2317~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KATHRYN L THORPE
218A E. EAU GALLIE BLVD #140
INDIAN HARBOR BCH, FL 32937

☒ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
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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:

Kathryn L Thorpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

800 636-6886

Daytime Phone #

CR2E034 (9/99)