

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058269

1. Entity Name

BEANIE WORLD, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 041 ***550.00

Principal Place of Business

7250 S. KIRKMAN RD. SUITE 101
ORLANDO FL 31-2819

Mailing Address

7250 S. KIRKMAN RD. SUITE 101
ORLANDO FL 31-2819

2. Principal Place of Business

5438 INTERNATIONAL DR
Suite, Apt. #, etc.

3. Mailing Address

5438 INTERNATIONAL DR
Suite, Apt. #, etc.
5827 CARAVAN CT.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3526324

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

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

HULL, NORMAN L
537 N MAGNOLIA AVE
ORLANDO FL 32801

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	LEVIN, MICHAEL A	
STREET ADDRESS	9050 PINNACLE CIRCLE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LEVIN, CLARK ANNE C	
STREET ADDRESS	9050 PINNACLE CIRCLE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

407 352 4636

Date

Daytime Phone #

CR2E034 (5/00)