

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071465

1. Entity Name

FRIST OAKMONT ENTERPRISES, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90007 039 ***150.00

Principal Place of Business

Mailing Address

38 HOME STEAD RD STE 2
LEHIGH ACRES FL 33936

PO BOX 705
LEHIGH ACRES FL 33970-0705

00027012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25 HOME STEAD RD.

3. Mailing Address

PO Box 705

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9

City & State

LEHIGH, FL

City & State

LEHIGH, FL

Zip

33936

Country

USA

Zip

33970-0705

Country

USA

4. FEI Number

65-0857329

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

BUKOWSKI, MICHAEL F
4217 10TH STREET S.W.
LEHIGH ACRES FL 33971

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BUKOWSKI, MICHAEL F
4217 10TH STREET S.W.
LEHIGH ACRES FL 33971

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BUKOWSKI, JODY
4217 10TH STREET S.W.
LEHIGH ACRES FL 33971

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 10, 2000

Date

Daytime Phone #

(941) 353-1200

CR2E034 (9/99)