

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074687 9529-1/VF

1. Entity Name

PUTERS III, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90101 034 \*\*\*150.00

00001001



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
240 SO. PINEAPPLE AVE  
SARASOTA FL 34236

Mailing Address  
240 SO. PINEAPPLE AVE  
SARASOTA FL 34236-6717

2. Principal Place of Business  
Suite, Apt. #, etc.  
10th Floor

3. Mailing Address  
P.O. Box 49948  
Suite, Apt. #, etc.

City & State  
Sarasota, Florida

4. FEI Number 65-0865979  
Applied For  
Not Applicable

Zip Country  
34230-6948 USA

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

6. Name and Address of Current Registered Agent  
BAND, DAVID S  
240 SO. PINEAPPLE AVE, 10th Floor  
SARASOTA FL 34236

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
10th Floor  
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	D BAND, DAVID S 240 SO. PINEAPPLE AVE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, DANIEL 1127 WESTWAY DRIVE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIN, EDWARD 5252 SO. TAMiami TRAIL SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

David S. Band

Director

4/19/00

(941) 366-6660

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)