

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076880

1. Entity Name

RINGLING PARK DEVELOPMENT, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90333 037 ***150.00

00039264



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1620 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

C/O STEPHEN J. MITCHELL
P.O. BOX 3433
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0874420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L
201 N. FRANKLIN ST., SUITE 2100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Murray J. Klauber

Street Address (P.O. Box Number is Not Acceptable)

1620 Gulf of Mexico Drive

City

Longboat Key, Fl

FL

Zip Code
34228

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 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, 2001 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 **PST** ☒ Delete
NAME **KLAUBER, MURRAY J**
STREET ADDRESS **1620 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Change ☒ Addition
NAME **Klauber, Murray J.**
STREET ADDRESS **1620 Gulf of Mexico Drive**
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 a 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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray J. Klauber, Pres.

Date

941/383-7419

Daytime Phone #

CR2E034 (10/00)