

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **798000078900**

1. Entity Name

ELLIS PROPERTY MANAGEMENT, INC

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90107 025 ***150.00

Principal Place of Business

Mailing Address

149 BIG PASS LANE
SARASOTA, FL. 34242

00000000

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

650871169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREW F. PEDERSEN, ESQ
1834 MAIN ST.
SARASOTA, FL. 34243

7. Name and Address of New Registered Agent

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT J. ELLIS	
STREET ADDRESS	149 BIG PASS LANE	
CITY-ST-ZIP	SARASOTA FL. 34242	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	MARILYN ELLIS	
STREET ADDRESS	149 BIG PASS LANE	
CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SUZANNE ELLIS	
STREET ADDRESS	719 MYRTLE LAKE CT #101	
CITY-ST-ZIP	ORLANDO FL. 32825	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DAVID ELLIS	
STREET ADDRESS	719 MYRTLE LAKE CT. #101	
CITY-ST-ZIP	ORLANDO FL. 32825	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Robert J. Ellis **ROBERT J. ELLIS**

5/8/00

Date

941-349-3773

Daytime Phone #

CR2E034 (9/99)