

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079352

1. Entity Name

SANCTUARY SKATE PARK-MACON, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90098 038 ***150.00

Principal Place of Business

Mailing Address

1303 SOLANA RD
NAPLES FL 34103

1303 SOLANA RD
NAPLES FL 34109-0762

2. Principal Place of Business

6099 Shallows Way

Suite, Apt. #, etc.

3. Mailing Address

6099 Shallows Way

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3539500

Applied For

Not Applicable

Zip

34109

Country

Zip

34109

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

RICE, LINDA
1303 SOLANA RD
NAPLES FL 34103

Name

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

6099 Shallows Way

City

FL

Zip Code

34109

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]

Linda Rice

March 21, 00

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 ☐ Delete
NAME RICE, LINDA
STREET ADDRESS 1303 SOLANA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6099 Shallows Way
CITY-ST-ZIP 34109

TITLE ☐ Delete
NAME D'AMICO, LINDY
STREET ADDRESS 1303 SOLANA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6099 Shallows Way
CITY-ST-ZIP 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

March 21, 00

Date

941-596-6444

Daytime Phone #

CR2E034 (9/99)