

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088180

1. Entity Name
BETH CALLANS MANAGEMENT CORPORATION

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90501 050 ***150.00

Principal Place of Business

**550 BAY ISLES RD
LONGBOAT KEY FL 34228**

Mailing Address

**550 BAY ISLES RD
LONGBOAT KEY FL 34228**

00023901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0869101**

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

**CALLANS, BETH
550 BAY ISLES RD.
LONGBOAT KEY FL 34228**

Name **Beth Callans**

Street Address (P.O. Box Number is Not Acceptable)
**595 Bay Isles Road
Suite 201**

City **Longboat Key** **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 *Beth Callans*

(NOTE: Registered Agent signature required when reinstating)

3/6/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALLANS, BETH	
STREET ADDRESS	4771 MAIDMARION LN.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Callans **Beth Callans**

Date

3/6/01

Daytime Phone #

(941)387-3443

CR2E034 (10/00)