

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006996

1. Entity Name

DOG EAR BOOKVENDOR, INC.

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90019 001 ***150.00

Principal Place of Business

Mailing Address

1640 WEEPING WILLOW WAY
HOLLYWOOD FL 33019

1640 WEEPING WILLOW WAY
HOLLYWOOD FL 33019-4893

2. Principal Place of Business

1640 Weeping Willow Way
Suite, Apt. #, etc.

3. Mailing Address

1640 Weeping Willow Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number
65-0997575

Applied For
Not Applicable

Zip
33019

Country
U.S.A.

Zip
33019

Country
U.S.A.

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

RUBY, BENJAMIN A JR.
1640 WEEPING WILLOW WAY
HOLLYWOOD FL 33019

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

Benjamin A. Ruby Jr (owner)

May 31, 2000

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
BENJAMIN A. RUBY JR
1640 weeping willow way
Hollywood FL 33019
(owner) - "move to TOP LINE"

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STACY M. WOLFE
1640 weeping willow way
Hollywood, FL. 33019
vice-president

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 empowerment.

SIGNATURE:

Benjamin A. Ruby Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2000 954-6901
Date Daytime Phone #

CR2 0714 (3/99)