

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90071 032 ***150.00

DOCUMENT # P99000011942

1. Entity Name

FURICK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

107 CORPORATION WAY, STE. C
VENICE FL 34292

107 CORPORATION WAY, STE. C
VENICE FL 34292

2. Principal Place of Business

12560 TAMiami TR. S.

3. Mailing Address

12560 TAMiami TR. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-0903276

Applied For

Not Applicable

Zip

34287

Country

USA

Zip

34287

Country

34287 USA

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

BETTERTON, GREG A ESQ.
915 S. TAMiami TR.
NOKOMIS FL 34275

Name

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

981 Ridgewood Ave (Suite 101)

City

Venice

FL

Zip Code

34292

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition: ADD ONLY
NAME	BATTAGLIA, KARI A	NAME	
STREET ADDRESS	107 CORPORATION WAY, STE. C	STREET ADDRESS	1225 Rosedale Rd.
CITY - ST - ZIP	VENICE FL 34292	CITY - ST - ZIP	Venice, FL 34293
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, STEVE	NAME	
STREET ADDRESS	7891 ESTATES DR.	STREET ADDRESS	
CITY - ST - ZIP	NORTH PORT FL 34287	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:

KARI BATTAGLIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/01

Daytime Phone #

(941) 423-7793

CR2E034 (10/00)