

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020105

1. Entity Name
5850 CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90131 040 ***150.00

Principal Place of Business
5801 PELICAN BAY BLVD. #300
NAPLES FL 34108

Mailing Address
5801 PELICAN BAY BLVD. #300
NAPLES FL 34108-2709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5850 16th NW
Suite, Apt. #, etc.

3. Mailing Address
5850 16th NW
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES, FL

Zip
34119

Country
COUNTRIES

Zip
34119

Country
COUNTRIES

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KANNENSOHN, JEFFREY S
5801 PELICAN BAY BLVD. #300
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
FREDERICK G. KAUFMAN
Street Address (P.O. Box Number is Not Acceptable)
5850 16th NW
City
NAPLES FL Zip Code
34119

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]* *[Signature]* *[Signature]* DATE *April 27, 2000*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: *[Signature]* *[Signature]* *[Signature]* DATE *June 2000* Daytime Phone # *5935355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)