

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

DOCUMENT # P99000029654

1. Entity Name

AVERY INVESTMENTS, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90003 019 \*\*\*550.00

Principal Place of Business

Mailing Address

~~6250 AVENTURA DR.~~  
~~SARASOTA FL 34241~~

~~6250 AVENTURA DR.~~  
~~SARASOTA FL 34241~~

2. Principal Place of Business

3. Mailing Address

4702 26<sup>th</sup> ST. W.

4602 26<sup>th</sup> ST. W.

Suite, Apt. #, etc.  
 BRADENTON, FLA

Suite, Apt. #, etc.  
 BRADENTON, FLA

City & State

City & State

Zip 34201 Country MANATEE

Zip 34201 Country MANATEE

4. FEI Number

65-0907463

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

AVERY, LAURA R

~~6250 AVENTURA DR.~~  
~~SARASOTA FL 34241~~

Name

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

4702 26<sup>th</sup> STREET WEST

City BRADENTON

FL

Zip Code

34201

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

*Laura R. Avery*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 10, 2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME AVERY, JOHN E  
 STREET ADDRESS ~~6250 AVENTURA DR.~~  
 CITY-ST-ZIP ~~SARASOTA FL 34241~~

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 4702 26<sup>th</sup> ST. WEST  
 CITY-ST-ZIP BRADENTON, FLA 34201

☐ Change ☐ Addition

TITLE  
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 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 empowered.

SIGNATURE:

*Laura R. Avery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 10, 2000

Date

Daytime Phone #

CR2E034 (5/00)