

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033636

1. Entity Name

640 ISLAND DRIVE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90099 014 ***150.00

Principal Place of Business

220 S FRANKLIN ST
TAMPA FL 33602

Mailing Address

220 S FRANKLIN ST
TAMPA FL 33602-5330

2. Principal Place of Business

2000 N. Florida Mango Rd

3. Mailing Address

2000 North Florida Mango Rd

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

WPB FL

City & State

W.P.B. FL

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARREJA, MINDY L
220 S FRANKLIN ST
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Deborah Dentry Baggett

Street Address (P.O. Box Number is Not Acceptable)
2000 N. Florida Mango Rd.

#200

City WPB

FL

Zip 33409

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

Deborah Dentry Baggett

4/24/00

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

TITLE VP
NAME Linn Hatan
STREET ADDRESS 2000 N. Florida Mango Rd. #200
CITY-ST-ZIP WPB FL 33409

TITLE VP
NAME Lee Hatan
STREET ADDRESS 2000 N. Florida Mango Rd #200
CITY-ST-ZIP WPB FL 33409

TITLE President
NAME Deborah Dentry Baggett
STREET ADDRESS 2000 N. Florida Mango Rd #200
CITY-ST-ZIP WPB FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Deborah Dentry Baggett

Deborah Dentry Baggett 4/24/00

Date

Daytime Phone #

561.697.5252

CR2E034 (9/99)