

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000044544

1. Entity Name

EGLINTON VENTURES, INC.

Principal Place of Business

2811 NORTHWOOD WAY  
SARASOTA, FLORIDA  
34234

Mailing Address

2811 NORTHWOOD SAY  
SARASOTA, FLORIDA  
34234

2. Principal Place of Business

8001 DESOTO WOODS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8001 DESOTO WOODS DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

52-2172929

Applied For

Not Applicable

Zip

34243

Country

Zip

34243

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00075427

6. Name and Address of Current Registered Agent

GAREAU, RENE A.  
4273 BOCA POINTE DRIVE  
SARASOTA, FLORIDA  
34236

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, SHELDON C.	
STREET ADDRESS	149 DUNVEGAN ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5P 2N8	
TITLE	D/C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAREAU, RENE A.	
STREET ADDRESS	4273 BOCA POINTE DRIVE	
CITY-ST-ZIP	SARASOTA, FLORIDA 34236	
TITLE	SR. V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, BRIAN S.	
STREET ADDRESS	586 CASTLEFIELD AVENUE	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5N 1L8	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JEFFREY A.	
STREET ADDRESS	43 RANDOLPH ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4G 3R8	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

CR2E034 (9/99)