

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062430

1. Entity Name

CULVER MANUFACTURING, INC.

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

09-12-2000 90239 024 \*\*\*558.75

Principal Place of Business

~~7801 HOLIDAY DRIVE~~  
~~SARASOTA FL 34231~~

Mailing Address

~~7801 HOLIDAY DRIVE~~  
~~SARASOTA FL 34231~~

2. Principal Place of Business

880 S. TAMiami Trail

3. Mailing Address

P.O. Box 128

Suite, Apt. #, etc.

OSPNEY

Suite, Apt. #, etc.

OSPNEY

City & State

Florida

City & State

Florida

4. FEI Number

65 0441 829

Applied For

Not Applicable

Zip

34229

Country

U.S.A.

Zip

34229

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CULVER, PHILIP  
 7801 HOLIDAY DRIVE  
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Kimberly Lussier

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

880 South Tamiami Trail

City

Osprey

FL

Zip Code

34229

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

*Kimberly Lussier*

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

(NOTE: Registered Agent signature required when reinstating)

9/1/00

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

TITLE NAME Philip Culver ☒ Delete  
 STREET ADDRESS 7801 Holiday Drive  
 CITY-ST-ZIP SARASOTA, FL 34231

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Kimberly Lussier ☐ Change ☒ Addition  
 STREET ADDRESS 7801 Holiday Drive  
 CITY-ST-ZIP SARASOTA, FL 34231

TITLE NAME JAMES Philip BURNS ☐ Change ☒ Addition  
 STREET ADDRESS 7801 Holiday Drive  
 CITY-ST-ZIP SARASOTA, FL 34231

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

*Kimberly Lussier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/1/00

Daytime Phone #

941-966-5441

CR2E034 (5/00)