

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063664

1. Entity Name

SANCTUARY SKATE PARK USA, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90018 008 ***150.00

Principal Place of Business

Mailing Address

2303 SOLANA ROAD
NAPLES FL 34103

2303 SOLANA ROAD
NAPLES FL 34103

2. Principal Place of Business

6099 Shallows Way

Suite, Apt. #, etc.

3. Mailing Address

6099 Shallows Way

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3588026

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

RICE, LINDA
2303 SOLANA ROAD
NAPLES FL 34103

Name

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

6099 Shallows Way

City

Naples

FL

Zip Code

34109

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

Linda Rice

Linda Rice

March 13, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RICE, LINDA	
STREET ADDRESS	2303 SOLANA ROAD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DST	<input type="checkbox"/> Delete
NAME	D'AMICO, LINDY	
STREET ADDRESS	2303 SOLANA ROAD	
CITY-ST-ZIP	NAPLES FL 34103	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6099 Shallows Way	
CITY-ST-ZIP	34109	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6099 Shallows Way	
CITY-ST-ZIP	34109	
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		
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:

Linda Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

941-596-6444

Daytime Phone #

CR2E034 (9/99)