

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065828

1. Entity Name

ENCORE FUNDRAISING, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90120 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1605 MAIN STREET SUITE 912  
 SARASOTA FL 34236

1605 MAIN STREET SUITE 912  
 SARASOTA FL 34236-5862

2. Principal Place of Business

3. Mailing Address

4836 14TH AVENUE EAST

4836 14TH AVENUE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON FL 34209

BRADENTON FL 34209

Zip

Country

Zip

Country

4. FEI Number

65-0928707

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

SCOVILL, H. WILLIAM  
 1605 MAIN STREET SUITE 912  
 SARASOTA FL 34236

Name

KRAIG H. KOACH

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

434 S. WASHINGTON BLVD

City

SARASOTA

FL

Zip Code

34236

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

*Kraig H. Koach*

KRAIG H. KOACH

2/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FRESHWATER, EDWARD	
STREET ADDRESS	4836 14TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Edward Freshwater*

EDWARD Freshwater 2/29/00 941 749 4246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)