

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 13, 2000 8:00 am**
Secretary of State

07-13-2000 90017 004 ***150.00

A0067644

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000076892
1. Entity Name
Sawgrass Bend, Inc**Principal Place of Business**
3299 NW 2 Ave #200
Boca Raton, FL 33431
Mailing Address
PO Box 811135
Boca Raton, FL 33481**2. Principal Place of Business**
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country**4. FEI Number**
65-0951909
Applied For
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**RUSTINE, David A
3299 NW 2 Ave #200
Boca Raton, FL 33431**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****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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	David A. Rustine	PO Box 811135	Boca Raton, FL 33481	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 title empowered.**SIGNATURE:** David A. Rustine - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR6/26/00
Date561-997-8000
Daytime Phone #

CR2E034 (9/99)

199000076892

ACC67644

Sawgrass Bend, Inc.

P.O. Box #811135
Boca Raton, FL 33481-1135
(561)997-8000 Fax (561)241-1400

July 6, 2000

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

Dear Sirs:

Enclosed is check #125 in the amount of \$150.00 for the Uniform Business Report for Sawgrass Bend, Inc., FEI# 65-0951909. We never received a form for this company and had to request one be sent to us. That is the reason for payment being made at this time.

Please feel free to contact me if you should have any questions.

Sincerely,



David A. Rustine
President

DAR/pmt

Via Regular Mail