

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000079735**

1. Entity Name **LONGANS Unlimited Inc**

FILED

00 OCT 25 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7441 Swiss Blvd  
Punta Gorda FL  
33950**

Mailing Address  
**2117 McIntosh  
SARASOTA FL  
34232**

2. Principal Place of Business  
**2117 McIntosh**

3. Mailing Address  
**2117 McIntosh**

Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34232**

Country  
**USA**

Zip  
**34232**

Country  
**USA**

4. FEI Number ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**William Behrens  
2117 McIntosh  
SARASOTA FL 34232**

7. Name and Address of New Registered Agent  
Name **William H Behrens**  
Street Address (P.O. Box Number is Not Acceptable)  
**2117 MCINTOSH RD**  
City **Sarasota** FL Zip Code **34232**

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.

**SAME REGISTERED AGENT**

SIGNATURE **William H Behrens**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **09-13-2000**

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 **President** ☒ Delete  
NAME **GINDA KAMIO**  
STREET ADDRESS **PBx 971120**  
CITY-ST-ZIP **MIAMI FL 33197**

TITLE **LONGANS UNLIMITED** ☐ Delete  
NAME **2117 MCINTOSH RD**  
STREET ADDRESS **SARASOTA FL 34232**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☒ Addition  
NAME **William Behrens**  
STREET ADDRESS **2117 McIntosh**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition  
NAME **000003469090--9**  
STREET ADDRESS **-11/17/00--01084--002**  
CITY-ST-ZIP **\*\*\*\*\*35.00 \*\*\*\*\*35.00**

TITLE ☐ Change ☐ Addition  
NAME **000003469090--9**  
STREET ADDRESS **-11/17/00--01084--003**  
CITY-ST-ZIP **\*\*\*\*\*26.25 \*\*\*\*\*26.25**

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

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

TITLE ☐ Change ☐ 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:

**William H Behrens**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WB 9/13/00**  
**9-13-00**  
Date

**941-343-9523**  
Daytime Phone #

**SP**