

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093814

1. Entity Name

ANIMATION EDUCATION ASSOCIATES, INC.

f

Principal Place of Business

84 ARBOR OAKS DR.
SARASOTA FL 34232

Mailing Address

84 ARBOR OAKS DR.
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963584

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

MYERS, JOHN H
2831 RINGLING BLVD B-107
SARASOTA FL 34237

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT J. MELVILLE
84 ARBOR OAKS DRIVE
SARASOTA, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. MELVILLE JUL 17, 00 (941) 343-9440

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

P99000093814

AD069280

ANIMATION EDUCATION ASSOCIATES, INC.

84 ARBOR CAYS DR.

SARASOTA, FL 34232

DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT FILINGS

P.O. Box 1500

TALLAHASSEE, FL 32302-1500

Dear Sir or Madam,

I enclose a filing fee of \$150.00. This is a new company and this is the first time I have had to file an annual report. By mistake I missed the June 1 deadline. This was not intentional. The \$400.00 additional fee would be a serious burden to my small and new company. Accordingly, I would ask that you waive the additional \$400.00 fee and accept the \$150.00 as proper payment. I assure you I will not be late again.

Thank you for your consideration. I look forward to hearing from you.

Yours Truly,



ROBERT J. MELVILLE

VICE PRESIDENT

ANIMATION ASSOCIATES, INC.