

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/2000

DOCUMENT # P99000108791

1. Entity Name

CARR & RICHEY ENTERPRISES, INCORPORATED

FILED
Jul 13, 2000 8:00 am
Secretary of State

04-25-2000 90089 006 ***150.00

Principal Place of Business

Mailing Address

577-A WITHLACOOCHIEE ST
SAFETY HARBOR FL 34695

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SAFETY HARBOR FL 34695

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

59-3485671

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

CARR, MICHAEL
150 12TH AVE N
SAFETY HARBOR FL

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	PRES	<input type="checkbox"/> Delete
NAME	MICHAEL F. CARR	
STREET ADDRESS	150 12TH AVE N SAFETY HARBOR FL	
CITY-ST-ZIP	34695	
TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME	KENNETH RICHEY	
STREET ADDRESS	211 12TH AVE S S. HAR FL	
CITY-ST-ZIP	34695	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SARAH D. CARR	
STREET ADDRESS	150 12TH AVE S. HAR FL	
CITY-ST-ZIP	34695	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LESLIE RICHEY	
STREET ADDRESS	211 12TH AVE S. HAR FL	
CITY-ST-ZIP	34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)