

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59944

1. Entity Name

FTD INVESTMENTS, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90153 012 ***550.00

Principal Place of Business

102 NORTH SWINTON AVE
DELRAY BEACH FL 33444

Mailing Address

102 NORTH SWINTON AVE
DELRAY BEACH FL 33444

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

65-0299017

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

WEINER, MICHAEL S
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

Name

Steven Keyser

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

1515 Ringling Blvd
Suite 1000

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

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KALTENBACHER, PHILIP D	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARR, JO ANN K	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALTENBACHER, HELEN	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaltenbacher, Philip D	
STREET ADDRESS	1515 Ringling Blvd, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carr, Jo Ann K.	
STREET ADDRESS	1515 Ringling Blvd, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaltenbacher, Helen	
STREET ADDRESS	1515 Ringling Blvd, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
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		
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 (973) 226-4551
Date Daytime Phone #