

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02023

1. Entity Name

BOSSHARDT PROPERTY MANAGEMENT, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90097 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2441 NW 43RD STREET  
5B  
GAINESVILLE FL 32606  
US

Mailing Address  
2441 NW 43 STREET  
5B  
GAINESVILLE FL 32606-6676  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3099689

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER, RONALD A.  
4127 NW 27TH LANE  
SUITE B  
GAINESVILLE FL 32606

Name

Moulton, Claude R.

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

4422 N.W. 34th Drive

City

Gainesville

FL

Zip Code

32605

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

*Claude R. Moulton*

Claude R. Moulton

4-27-00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPSV  
BOSSHARDT, CAROL  
5542 NW 43 STREET  
GAINESVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
32653

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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☐ Change

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 like empowered.

SIGNATURE:

*Carol Bosshardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

352-371-6100

Daytime Phone #

CR2E034 (9/99)