

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06326

1. Entity Name

MYAKKA RIVER REAL PROPERTIES, INC.

Principal Place of Business

436 BAYSHORE DRIVE
VENICE FL 34285

Mailing Address

436 BAYSHORE DRIVE
VENICE FL 34285-1411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCH, CHARLES E
436 BAYSHORE DR
VENICE FL 34285

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KOCH, CHARLES E
STREET ADDRESS 436 BAYSHORE DR.
CITY-ST-ZIP VENICE FL 34285 ☒ Delete

TITLE VSD
NAME DEMASI, CLEMENT
STREET ADDRESS 460 BAYSHORE DR.
CITY-ST-ZIP VENICE FL 34285 ☒ Delete

TITLE D
NAME DEMASI, ALEXANDER
STREET ADDRESS 22 ST AUGUSTINE DR
CITY-ST-ZIP CHARLESTON SC ☒ Delete

TITLE TD
NAME COLLINS, THOMAS E
STREET ADDRESS 461 BAYSHORE DR
CITY-ST-ZIP VENICE FL 34285 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PVSTD
NAME CHARLES E. KOCH
STREET ADDRESS 436 BAYSHORE DR
CITY-ST-ZIP VENICE FL 34285 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90037 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0307455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)