

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90153 008 ***150.00

DOCUMENT # 598445

1. Entity Name

I 75 / S 80 CORP.

Principal Place of Business

Mailing Address

% PIPER, HAWKINS & GEORGE
 330 SOUTH PINEAPPLE AVENUE, SUITE 106
 SARASOTA FL 34236
 US

% PIPER, HAWKINS & GEORGE
 330 SOUTH PINEAPPLE AVENUE, SUITE 106
 SARASOTA FL 34236-7020
 US

801243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1875950**

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

RITCHEY, JAMES .
 1550 RINGLING BLVD.
 SARASOTA FL 33577

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	VT	<input type="checkbox"/> Delete
NAME	MOORE, JOSEPH W.	
STREET ADDRESS	74 COLBY RD	
CITY-ST-ZIP	MOULTONBORO NH 03254	
TITLE	P	<input type="checkbox"/> Delete
NAME	NESTOR, JAMES F.	
STREET ADDRESS	41 WILSON RD.	
CITY-ST-ZIP	BEDFORD MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNN, MEREDITH M	
STREET ADDRESS	58 HANCOCK RD.	
CITY-ST-ZIP	NEEDHAM MA	
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	<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	
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: *Meredith M. Lynn*
 MEREDITH M. LYNN
 Signature and Typed or Printed Name of Signing Officer or Director

Date: *Jan 7, 2000* Daytime Phone #: *781-449-1036*

CR2E034 (9/99)