

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013432

1. Entity Name
HAIRCRAFTERS OF BUSHNELL, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 018 ***150.00

Principal Place of Business
SO. SUMTER PLAZA
980 NORTH MAIN
BUSHNELL FL 33513
US

Mailing Address
6900 JERICHO TURNPIKE
SYOSSET NY 11791-4499
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7201 METRO BOULEVARD
Suite, Apt. #, etc.

City & State
City & State
MINNEAPOLIS, MN

Zip
Country
55439-2103 USA

4. FEI Number **11-3366239**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREAT EXPECTATIONS PRECISION HAIRCUTTERS O
F UNIVERSITY MALL, INC.
7171 N. DAVIS HIGHWAY
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **D** Delete
NAME **LIBERMANN, DON VON**
STREET ADDRESS **6900 JERICHO TURNPIKE**
CITY-ST-ZIP **SYOSSET NY 11791**

TITLE **D** Delete
NAME **MARCUS, MARVIN**
STREET ADDRESS **6900 JERICHO TURNPIKE**
CITY-ST-ZIP **SYOSSET NY 11791**

TITLE **PD** Change Addition
NAME **PAUL FINKELSTEIN**
STREET ADDRESS **7201 METRO BOULEVARD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55439**

TITLE **VK** Change Addition
NAME **BERT GROSS**
STREET ADDRESS **7201 METRO BOULEVARD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55439**

TITLE **D** Delete
NAME **BATES, LOUIS**
STREET ADDRESS **6900 JERICHO TURNPIKE**
CITY-ST-ZIP **SYOSSET NY 11791**

TITLE **T** Change Addition
NAME **SHRINIVAS KOLATKAR**
STREET ADDRESS **7201 METRO BOULEVARD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55439**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Bert Gross* **BERT GROSS** 4.27.2000 952/947-777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)