

3/28

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-28-2002 90122 042 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702687

1. Entity Name

PLYMOUTH HARBOR INCORPORATED

Principal Place of Business

700 JOHN RINGLING BOULEVARD
SARASOTA FL 34236

Mailing Address

700 JOHN RINGLING BOULEVARD
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1031820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUSE, STAN
700 JOHN RINGLING BLVD.
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TCP	<input checked="" type="checkbox"/> Delete
NAME	TOALE, KATHLEEN	
STREET ADDRESS	1800 2ND STREET STE 101	
CITY-ST-ZIP	SARASOTA FL 34230	

TITLE	TVP	<input type="checkbox"/> Delete
NAME	MONTES DEOCA, CLINT	
STREET ADDRESS	2700 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34234	

TITLE	TS	<input type="checkbox"/> Delete
NAME	CUDWORTH, ALLEN I	
STREET ADDRESS	3437 HIGHLANDS BRIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	TT	<input type="checkbox"/> Delete
NAME	GRUNDY, SUSAN B.	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TCP	<input checked="" 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	TVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, SUSAN M.	
STREET ADDRESS	RINGLING SCHOOL OF ART & DESIGN	
CITY-ST-ZIP	1226 TAMiami TRAIL N., #301	

TITLE	SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)