

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708039

1. Entity Name

FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM AP

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90028 046 ****61.25

Principal Place of Business

Mailing Address

5550 BEE RIDGE RD.
 SUITE E-3
 SARASOTA FL 34233

5550 BEE RIDGE RD.
 SUITE E-3
 SARASOTA FL 34233-1505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5766 Bronx Avenue

3. Mailing Address

5766 Bronx Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Sarasota FL

Sarasota FL

4. FEI Number

59-6180553

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

USA

34231

USA

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

MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

Name

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

5766 Bronx Avenue

Suite A

City

Sarasota

FL

Zip Code
34231

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

Janice Young, Manager

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

(NOTE: Registered Agent signature required when reinstating)

4/8/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, DUNCAN	
STREET ADDRESS	2501 BENEVA ROAD 8	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAHNFLETH, MARGARET	
STREET ADDRESS	2507 BENEVA RD, #5	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NIELSEN, BRAD	
STREET ADDRESS	2507 BENEVA RD #1	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMOLLAR, MARIE	
STREET ADDRESS	2505 BENEVA RD #7	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, VIOLA	
STREET ADDRESS	2503 BENEVA RD #1	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEEL, MARIE	
STREET ADDRESS	2501 BENEVA RD #2	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riddle, Joanna	
STREET ADDRESS	2501 Beneva Road 8	
CITY-ST-ZIP	Sarasota FL 34232	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Marie	
STREET ADDRESS	2505 Beneva Road 7	
CITY-ST-ZIP	Sarasota FL, 34232	
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		

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 REQUIRED

Margaret J Bahnfleth

4/6/2000

923-7840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)