

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712910

1. Entity Name

FIRST LIDO CONDOMINIUM, INC.,

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90022 027 \*\*\*\*61.25

Principal Place of Business

1900 BENJAMIN FRANKLIN DRIVE  
SARASOTA FL 34236

Mailing Address

1900 BENJAMIN FRANKLIN DRIVE  
SARASOTA FLA 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1263587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEARMAN, ROSE  
1900 BEN FRANKLIN DRIVE  
OFFICE  
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 Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME THOMAS, GEORGE L  
STREET ADDRESS 1900 BEN FRANKLIN DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE VP ☐ Delete  
NAME COLBY, GREGERY  
STREET ADDRESS 1900 BEN FRANKLIN DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete  
NAME PARDRIDGE, FRANK  
STREET ADDRESS 1900 BEN FRANKLIN DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE PD ☐ Delete  
NAME THORPE, DALE E  
STREET ADDRESS 1900 BEN FRANKLIN DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE TD ☐ Delete  
NAME METHENY, LOWELL  
STREET ADDRESS 1900 BEN FRANKLIN DRIVE  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete  
NAME WEBER, GEORGE O  
STREET ADDRESS 1900 BEN FRANKLIN DRIVE  
CITY-ST-ZIP SARASOTA FL 34236

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4/01/00