

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014465

DOCUMENT # 744796

1. Entity Name

SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1950 ARLINGTON ST  
SARASOTA FL 34239

Mailing Address

1950 ARLINGTON ST  
SARASOTA FL 34239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1700 S. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

USA

DO NOT WRITE IN THIS SPACE  
REINSTATEMENT

FEI Number 59-1944478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, O'RORDEN  
1750 RINGLING BLVD  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: HUGH MIDDLEBROOK  
Street Address (P.O. Box Number is Not Acceptable): 1700 S TAMiami TRAIL  
City: SARASOTA FL Zip Code: 34239

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, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September-12, 2001, min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VANDEPOLDER, DONALD R	
STREET ADDRESS	1950 ARLINGTON ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NIXON, CHARLES W	
STREET ADDRESS	1950 ARLINGTON ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNON, TOM	
STREET ADDRESS	SARASOTA MEM HOSP. 1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE BEACHEY	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	SECRETARY/TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON LANE	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34239	
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		

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 NELSON LANE

8/30/01

(41) 917-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)