

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749019

1. Entity Name

LIDO REGENCY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90013 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1700 BEN FRANKLIN DR  
SARASOTA FL 34236

1700 BEN FRANKLIN DR  
SARASOTA FL 34236-2321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1970853

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAMBERT, JOHN  
1700 BEN FRANKLIN DR  
#3E  
SARASOTA FL 34236

Name Robert Sinclair

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

1700 Ben Franklin Dr. #4-C  
City Sarasota FL Zip Code 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WARDEN, JOHN	
STREET ADDRESS	1700 BEN FRANKLIN DR #10D	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLATANO, REGINA	
STREET ADDRESS	1700 BEN FRANKLIN DR #5A	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, ROBERT	
STREET ADDRESS	1700 BEN FRANKLIN DR 4-C	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCH, HEINZ	
STREET ADDRESS	1700 BEN FRANKLIN DR #6G	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KIRKER, JOHN	
STREET ADDRESS	1700 BEN FRANKLIN DR #7E	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, JOHN	
STREET ADDRESS	1700 BEN FRANKLIN DR #3E	
CITY-ST-ZIP	SARASOTA FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sinclair, Robert	
STREET ADDRESS	(same)	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warden, John	
STREET ADDRESS	(same)	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Somlo	
STREET ADDRESS	1700 Ben Franklin Dr. #8-C	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Platano, Regina	
STREET ADDRESS	(same)	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHON, ROBERT	
STREET ADDRESS	#PH-B	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULKE, CHERYL	
STREET ADDRESS	#PH-A	
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:

SINCLAIR, ROBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Sinclair

3/9/00 941-388-3008

Daytime Phone #

CR2E037 (9/99)