

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90090 002 ****61.25

DOCUMENT # 766430

1. Entity Name

DESOTO PLACE PARK, INC.

Principal Place of Business

Mailing Address

DESOTO PLACE PARK, INC
SARASOTA FL 34234
US

1100 UNIVERSITY PKY
SARASOTA FL 34234-2847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2366248

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORP, WILLIAM R
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, SHIRLEY	
STREET ADDRESS	1100 UNIVERSITY PKWY LOT 54	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DRAGOON, G	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROHM, B	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHASE, D	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGGS, H	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JASPER, R	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION BRISON	
STREET ADDRESS	1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, E	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTIS MILLER	
STREET ADDRESS	1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MABEL HOSTETLER STEWART	
STREET ADDRESS	1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	V	<input checked="" 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

March 10, 2000

Date

Daytime Phone #

CR2F037 (9/99)