

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90329 032 ****61.25

0051092

DOCUMENT # N00000002392

1. Entity Name

MIRASOL CLUB MASTER ASSOCIATION, INC.

Principal Place of Business

11400 NURSERY LANE
 PALM BEACH GARDENS FL 33418

Mailing Address

11400 NURSERY LANE
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

7120 S. Beneva Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

4. FEI Number

05-1001705

Applied For

Not Applicable

Zip

Country

Zip

Country

34238

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

PESHKIN, JOHN R
7120 SOUTH BENEVA ROAD
SARASOTA FL 34238

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PERNA, CRAIG A**
 CITY-ST-ZIP **7120 S BENEVA ROAD**
SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
 NAME **P/D**
 STREET ADDRESS **Perna, Craig A**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHOROST, AARON**
 CITY-ST-ZIP **7120 S BENEVA ROAD**
SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
 NAME **V/D**
 STREET ADDRESS **Chorost, Aaron**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAKAN, STEVEN A**
 CITY-ST-ZIP **7120 S BENEVA ROAD**
SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
 NAME **SIT/D**
 STREET ADDRESS **Bakan, Steven A.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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
STEVEN A. BAKAN

Date

Daytime Phone #

2/2/01

941-925-6622

CR2E037 (10/00)