

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90262 050 ****61.25

DOCUMENT # N00000005846

1. Entity Name

PERIDA OFFICE PARK ASSOCIATION, INC.
Peridia

Principal Place of Business

1111 THIRD AVENUE WEST #300
 BRADENTON FL 34205

Mailing Address

1111 THIRD AVENUE WEST #300
 BRADENTON FL 34205

2. Principal Place of Business

Suite, Apt. #, etc.
 1437 Tallevast Road

City & State
 Sarasota, FL

Zip
 34243

Country
 USA

3. Mailing Address

Suite, Apt. #, etc.
 1437 Tallevast Road

City & State
 Sarasota, FL

Zip
 34243

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DETTRICH, DAVID K
 1111 THIRD AVENUE WEST #300
 BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name
SAMUEL M. CONIGLIO, III
 Street Address (P.O. Box Number is Not Acceptable)
 1437 Tallevast Road

City
 Sarasota **FL** Zip Code
 34243

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.

Samuel M. Coniglio, III
 Samuel M. Coniglio, III

(NOTE: Registered Agent signature required when registering)

DATE

4/3/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President
 SAMUEL M. CONIGLIO, III **D**
 1437 Tallevast Rd
 Sarasota, FL 34243 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary
 MARK R. OGLES **D**
 10960 SR 70 East
 Bradenton, FL 34202 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Treasurer
 TIMOTHY P. UEHMAN **D**
 9129 16th Avenue Circle N.W.
 Bradenton, FL 34209 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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:

Samuel M. Coniglio, III
 Samuel M. Coniglio, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/3/01

DAYTIME PHONE #

941-351-2664

CR2E037 (10/00)