

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED

Apr 26, 2000 8:00 am  
Secretary of State

02-29-2000 90150 014 \*\*\*\*61.25

DOCUMENT # N09330

1. Entity Name

INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JOHN J. LYONS  
1605 MAIN STREET, STE 1111  
SARASOTA FL 34236-5874  
USP.O. BOX 49673  
SARASOTA FL 34230-6673  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

LYONS, JOHN J.  
1605 MAIN STREET  
SUITE 1111  
SARASOTA FL 33577

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> Delete
NAME	FARR, DONALD	
STREET ADDRESS	3301 BAYSHORE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, ALAN	
STREET ADDRESS	351 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLISHOOK, BURT	
STREET ADDRESS	3931 BAY SHORE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, DON	
STREET ADDRESS	842 HIGHLAND ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	F	<input checked="" type="checkbox"/> Delete
NAME	LOBO, RICHARD	
STREET ADDRESS	3139 BAY SHORE RD.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, FRANK	
STREET ADDRESS	336 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	W.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEGENER, CHARLES	
STREET ADDRESS	637 40TH ST.	
CITY-ST-ZIP	SARASOTA 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE EGER	
STREET ADDRESS	949 INDIAN BEACH DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE SHEA	
STREET ADDRESS	614 BEVERLY DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNDERWOOD, DIANNE	
STREET ADDRESS	2512 ALAMEDA AVE	
CITY-ST-ZIP	SARASOTA 34234	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.00

Date

941-351-2925

Daytime Phone #

CR2E037 (9/99)