2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENŢ # **N48902** May 19, 2000 8:00 am Secretary of State THE SHELLS ON SIESTA KEY CONDOMINIUM ASSOCIATION 05-19-2000 90087 014 ****61.25 Principal Place of Business Mailing Address 306 BEACH ROAD 306 BEACH ROAD SARASOTA FL 34242 SARASOTA FL 34242-3351 2. Principal Place of Business 3. Mailing Address 221 Tenacit Teraci Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Sarasota Sarasota 65-0363836 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired SOFA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Julia raven Street Address (P.O. Box Number is Not Acceptable) O'BRIEN, RUTH Tenacity 306 BEACH RD SARASOTA FL 34242 City Sara SOTA 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. TITLE 🔀 Delete NAME O'BRIEN, JOHN NAME STREET ADDRESS STREET ADDRESS 306 BEACH RD. CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 TITLE ☐ Delete TITI F Change Addition NAME O'BRIEN, RUTH NAME STREET ADDRESS STREET ADDRESS 306 BEACH RD. City-St-7iP CITY-ST-7IP SARASOTA FL 34242 TITLE Delete Change ☐ Addition NAME MCKNIGHT, ROBERT STREET ADDRESS STREET ADDRESS 312 BEACH RD. CITY-ST-ZIP CITY+ST-ZIP Sarasota FL 34242 TITLE Delete 🔀 Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP Jarasota. CITY-ST-7/P TITLE Delete ☐ Change X Addition Julia Craven NAME aa 1 Tenacitu STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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.