

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90016 005 \*\*\*\*61.25

**DOCUMENT # N93000004008**

1. Entity Name

**RENAISSANCE CONDOMINIUM ASSOCIATION OF SARASOTA.**

Principal Place of Business

Mailing Address

378 GOLDEN GATE POINT DRIVE  
 #3  
 SARASOTA FL 34236  
 US

378 GOLDEN GATE POINT DRIVE  
 3  
 SARASOTA FL 34236-6656  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-3438331**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOONTZ, ROBERT L**  
**378 GOLDEN GATE POINT DRIVE**  
**SARASOTA FL 34236**

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          | <b>D</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MCCALLUM, ANN</b>               |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DR</b>    |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |
| TITLE          | <b>DP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>MCCULLOCH, NATHALIE W</b>       |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |
| TITLE          | <b>DS</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>BLACKBURN, JUNE</b>             |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |
| TITLE          | <b>DS</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>KOONTZ, CYNTHIA</b>             |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |
| TITLE          | <b>DV</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>JOHN, MILDRED D</b>             |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |
| TITLE          | <b>DT</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>PERRY, CHARLES</b>              |                                 |
| STREET ADDRESS | <b>378 GOLDEN GATE POINT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: CHARLES PERRY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 941 366-0378  
 Date Daytime Phone #

CR2E037 (9/99)