

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000334

1. Entity Name

STONEYBROOK CLUBSIDE SOUTH COMMONS ASSOCIATION,

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90068 016 ****61.25

Principal Place of Business

Mailing Address

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Advanced Management, Inc.

Suite, Apt. #, etc.

5899 Whitfield Avenue, #107

City & State

Sarasota, FL 34243

Zip

Country

3. Mailing Address

Advanced Management, Inc.

Suite, Apt. #, etc.

5899 Whitfield Avenue, #107

City & State

Sarasota, FL 34243

Zip

Country

4. FEI Number

65-0557780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

7. Name and Address of New Registered Agent

Name

Advanced Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

5899 Whitfield Avenue, #107

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.

(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

TITLE **VD** ☒ Delete
NAME **DENNIS E CONDON**
STREET ADDRESS **9360 CLUB SOUTH CIR #6207**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **PD** ☒ Delete
NAME **ROLLEK, KENNETH C**
STREET ADDRESS **9610 CLUB SOUTH CIRCLE UNIT #4207**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **AS** ☒ Delete
NAME **CLARK, RICHARD**
STREET ADDRESS **1801 GLENGARY ST.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **AT** ☒ Delete
NAME **PAUL R CLARK**
STREET ADDRESS **1801 GLENGARY ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Easton, Mike**
STREET ADDRESS **9630 CLUB SOUTH CIRCLE #6204**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **VD** ☐ Change ☒ Addition
NAME **Rudd, Ed**
STREET ADDRESS **6587 GATEWAY AVENUE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **ST D** ☐ Change ☒ Addition
NAME **Miller, Donald I**
STREET ADDRESS **9610 CLUB SOUTH CIRCLE #4206**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **AS AT** ☐ Change ☒ Addition
NAME **Wilson, Douglas E.**
STREET ADDRESS **5899 WHITFIELD AVE., #107**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Change ☐ Addition
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: **X** **MICHAEL F. EASTON** (MICHAEL F. EASTON) 4-11-00 966-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)