

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000334**

1. Entity Name

STONEBROOK CLUBSIDE SOUTH COMMONS ASSOCIATION.

Principal Place of Business

ADVANCED MANAGEMENT, INC.
5899 WHITFIELD AVE. #107
SARASOTA FL 34234 **34243**

Mailing Address

ADVANCED MANAGEMENT, INC.
5899 WHITFIELD AVE. #107
SARASOTA FL 34234 **34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

ADVANCED MANAGEMENT, INC.
5899 WHITFIELD AVE, #107
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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

TITLE
NAME **PD
EASTON, MIKE** ☒ Delete
STREET ADDRESS **9630 CLUB S CIRCLE #6204**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE
NAME **VD
RUDD, ED** ☒ Delete
STREET ADDRESS **6587 GATEWAY AVE**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE
NAME **STD
MILLER, DONALD I** ☐ Delete
STREET ADDRESS **9610 CLUB S CIRCLE #4206**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE
NAME **ASAT
WILSON, DOUGLAS E** ☐ Delete
STREET ADDRESS **5899 WHITFIELD AVE., #107**
CITY-ST-ZIP **SARASOTA FL 34243**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD
Dennis Condon** ☐ Change ☐ Addition
STREET ADDRESS **9630 Club South Circle**
CITY-ST-ZIP **Sarasota, FL 34238**TITLE
NAME **VP/S/D
Paul Giorgetti, Jr.** ☐ Change ☒ Addition
STREET ADDRESS **P.O. Box 15971**
CITY-ST-ZIP **Sarasota, FL 34277**TITLE
NAME **SD** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 10, 2001**
Date**(941) 966-3675**
Daytime Phone #**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90234 037 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)