

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90868 029 ****61.25

DOCUMENT # N95000000334

1. Entity Name

STONEBROOK CLUBSIDE SOUTH COMMONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

9031 Town Center Pkwy

3. Mailing Address

9031 Town Center Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0557780

Applied For

Not Applicable

Zip

Country

34202

Zip

Country

34202

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

Name

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

City

FL

Zip Code

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

9031 Town Center Pkwy
Bradenton, FL 34202

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]

4-26-02

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 **PD** ☒ Delete
 NAME **CONDON, DENNIS**
 STREET ADDRESS **9630 CLUB SOUTH CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **President** ☐ Change ☒ Addition
 NAME **Michael Easton**
 STREET ADDRESS **9630 Club South Circle #6204**
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **VPSD** ☒ Delete
 NAME **GIORGETTI, JR, PAUL**
 STREET ADDRESS **PO BOX 15971**
 CITY-ST-ZIP **SARASOTA FL 34277**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
 NAME **Thomas Ames**
 STREET ADDRESS **4419 Samoset Dr.**
 CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **SD** ☐ Delete
 NAME **MILLER, DONALD I**
 STREET ADDRESS **9610 CLUB S CIRCLE #4206**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASAT** ☐ Delete
 NAME **WILSON, DOUGLAS E**
 STREET ADDRESS **5899 WHITFIELD AVE., #107**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
 NAME **9031 Town Center Pkwy**
 STREET ADDRESS **Bradenton, FL 34202**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 26, 2002 941-966-

CR2E037 (9/01)