2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # N95000005758 1. Entity Name INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCI 03-19-2001 90486 039 ****61.25 Principal Place of Business Mailing Address 2123-E PORTER LAKE DRIVE 2123-E PORTER LAKE DRIVE UNIT E UNIT E SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State FEI Number 65-0694761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> Harold Kuhn</u> Street Address (P.O. Box Number is Not Acceptable) SABA, RICHARD D 2123-D Porter Lake Drive 2033 MAIN STREET #303 SARASOTA FL 34237 Zip Code City Sarasota 34240 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. <u> Harold C. Kuhn</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP Addition TITLE TITLE ☐ Change Delete P MCCARTHY, JOHN NAME NAME Ken Mooney 2123-E PORTER LAKE DRIVE STREET ADDRESS STREET ADDRESS 2123 F&G Porter Lake Drive CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Sarasota, FL 34240 VPD TITLE Delete TITLE Change ☐ Addition HUBER, CHARLES NAME NAME Harold C. Kuhn STREET ADDRESS 2123-A&B PORTER LAKE DRIVE STREET ADDRESS CITY-ST-ZIP 2123-D Porter Lake Drive SARASOTA FL 34240 Sarasota, FL 34240 Delete TITLE TITLE Addition_ NAME KUHN, HAROLD NAME 2123-C&D PORTER LK DR STREET ADDRESS STREET ADDRESS Kyle Kuhn CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP 2123-D Porter Lake Drive ☐ Addition ☐ Delete Sarasota, FL 34240 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/12/01

Daytime Phone #