

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766430

1. Entity Name

DESOTO PLACE PARK, INC.

Principal Place of Business

DESOTO PLACE PARK, INC.
SARASOTA FL 34234
US

Mailing Address

1100 UNIVERSITY PKY
SARASOTA FL 34234-2847
US

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

59-2366248

Applied For

Not Applicable

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

KORP, WILLIAM R
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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 P ☐ Delete
NAME MYERS, SHIRLEY
STREET ADDRESS 1100 UNIVERSITY PKWY LOT 54
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Change ☒ Addition
NAME MARION BRISON
STREET ADDRESS 1100 UNIVERSITY PKWY
CITY-ST-ZIP SARASOTA, FL 34234

TITLE T ☒ Delete
NAME DRAGOON, G
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ Change ☒ Addition
NAME BROOKS, E
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA, FL 34234

TITLE D ☐ Delete
NAME STROHM, B
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Change ☒ Addition
NAME LOTIS MILLER
STREET ADDRESS 1100 UNIVERSITY PKWY
CITY-ST-ZIP SARASOTA, FL 34234

TITLE D ☐ Delete
NAME CHASE, D
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA FL

TITLE T/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRIGGS, H
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Change ☒ Addition
NAME MABEL HOSTETLER STEWART
STREET ADDRESS 1100 UNIVERSITY PKWY
CITY-ST-ZIP SARASOTA, FL 34234

TITLE D ☐ Delete
NAME JASPER, R
STREET ADDRESS 1100 UNIVERSITY PARKWAY
CITY-ST-ZIP SARASOTA FL

TITLE V ☒ 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 REQUIRED

March 19, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)