

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002758

1. Entity Name

WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90116 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O ADVANCED MANAGEMENT OF SW FLORIDA, INC  
899 WOODBRIDGE DRIVE  
VENICE FL 34293

C/O ADVANCED MANAGEMENT OF SW FLORIDA, INC  
899 WOODBRIDGE DRIVE  
VENICE FL 34293-4313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Argus Management, Inc  
Suite, Apt. #, etc.

Argus Mgt  
Suite, Apt. #, etc.

2477 Stickney Point #118A

2477 Stickney Pt Rd

City & State

City & State

Sarasota, FL

Sarasota, FL #118A

Zip

Country

Zip

Country

34231

Sarasota

34231

Sarasota

4. FEI Number

65-0573968

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

AMI, DONNA JORDAN  
899 WOODBRIDGE DRIVE  
VENICE FL 34293

Name

Barbara O'Grady/Argus Mgt

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

2477 Stickney Point Rd #118A

City

FL

Zip Code

34231

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 ☐ Delete  
NAME D  
STREET ADDRESS BISHOP, BRAD  
CITY-ST-ZIP 899 WOODBRIDGE DR.  
VENICE FL 34293

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

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS EGON, SORENSON  
CITY-ST-ZIP 899 WOODBRIDGE DR.  
VENICE FL 34293

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

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS AUSTIN, CLARENCE  
CITY-ST-ZIP 899 WOODBRIDGE DR.  
VENICE FL 34293

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS Jim McElheny  
CITY-ST-ZIP 5030 SeaGrass Dr, Venice

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Hank Weller  
CITY-ST-ZIP 5034 Winter RoseWay, Venice

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-00

485-8012

CR2E037 (9/99)