

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30306

1. Entity Name

PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90265 031 ***61.25

Principal Place of Business

Mailing Address

C/O MACON INC.
200 S. WASHINGTON BLVD. #4
SARASOTA FL 34236

C/O MACON INC.
200 S. WASHINGTON BLVD. #4
SARASOTA FL 34236-6957

2. Principal Place of Business

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

3. Mailing Address

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0320210

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

WEIL, WARREN
200 S. WASHINGTON BLVD. #4
SARASOTA FL 34236

Name

Warren Weil

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

(e)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

Florida.

SIGNATURE

Warren Weil

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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	VD	<input type="checkbox"/> Delete
NAME	WOODS, D	
STREET ADDRESS	4703 RAINTREE ST, CIR 3	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, D	
STREET ADDRESS	4815 RAINTREE ST, CIR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASLANKA, EILEEN	
STREET ADDRESS	4739 RAINTREE ST CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHER, L	
STREET ADDRESS	4822 REINTREE ST CIR	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTUNE, DONALD	
STREET ADDRESS	4411 MORFIELD DR EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LOIS FISCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

941-366-8480
Daytime Phone #

CR2E037 (9/99)