

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90047 014 ****61.25

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
US

2. Principal Place of Business

1100 University Parkway
 Suite, Apt. #, etc.

3. Mailing Address

5899 Whittfield Avenue
 Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34234

Country

Sarasota

Zip

34243

Country

Manatee

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

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

7. Name and Address of New Registered Agent

Advanced Management of SW FL, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
5899 Whittfield Avenue
Suite 107
 City **Sarasota** FL Zip Code **34243**

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]

Douglas E. Wilson, Agent 3/13/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, SHIRLEY 1100 UNIVERSITY PKWY LOT 54 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISON, MARION 1100 UNIVERSITY PARKWAY SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROHM, B 1100 UNIVERSITY PARKWAY SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHASE, D 1100 UNIVERSITY PARKWAY SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, H 1100 UNIVERSITY PARKWAY SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASPER, R 1100 UNIVERSITY PARKWAY SARASOTA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Lotis 1100 University Parkway # 38 Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/19/01

(941) 355-2633

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
D# 766430
AW35687

Additions:

S D

Hostetler, Mabel
1100 University Parkway, #37
Sarasota, FL 34234

D

Brooks, Elmer
1100 University Parkway, #2
Sarasota, FL 34234
