

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90178 020 \*\*\*\*61.25

**DOCUMENT # 766430**

1. Entity Name

**DESOTO PLACE PARK, INC.**



Principal Place of Business

**1100 UNIVERSITY PKY  
SARASOTA FL 34234  
US**

Mailing Address

**9031 TOWN CENTER PKWY  
BRADENTON FL 34202  
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SW FL, INC.  
9031 TOWN CENTER PKWY  
BRADENTON FL 34202**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **MYERS, SHIRLEY**  
STREET ADDRESS **1100 UNIVERSITY PKWY #17**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **HAROLD BRIGGS** ☐ Change ☒ Addition  
NAME **HAROLD BRIGGS**  
STREET ADDRESS **1100 University #5**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Delete  
NAME **BRISON, MARION**  
STREET ADDRESS **1100 UNIVERSITY PKWY STE 40**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **SEC** ☐ Change ☒ Addition  
NAME **EMMA LIPOACE**  
STREET ADDRESS **1100 University #52**  
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **TD** ☐ Delete  
NAME **STROHM, B**  
STREET ADDRESS **1100 UNIVERSITY PKWY STE 18**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **VP** ☐ Delete  
NAME **MILLER, LOTIS**  
STREET ADDRESS **1100 UNIVERSITY PKWY #38**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Change ☒ Addition  
NAME **RON SMITH**  
STREET ADDRESS **1100 University Pkwy #60**  
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **VP** ☐ Delete  
NAME **PARKER, ROBERT**  
STREET ADDRESS **1100 UNIVERSITY PKWY STE 3**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Change ☒ Addition  
NAME **CLYDE ZIMMERMAN**  
STREET ADDRESS **1100 UNIVERSITY #32**  
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **VP** ☐ Delete  
NAME **DRAGOON, GORDON**  
STREET ADDRESS **1100 UNIVERSITY PKWY STE 22**  
CITY-ST-ZIP **SARASOTA FL 34234**

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

*Robert Parker*

3-18-03

CR2E037 (10/02)