

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90023 019 \*\*\*\*61.25

**DOCUMENT # 701816**

1. Entity Name

**SIESTA ROYALE APARTMENTS, INC.**

Principal Place of Business

6334 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242

Mailing Address

6334 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0918948**

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

**KNDEFER, KENNETH F CPA**  
**2262 GULF GATE DR.**  
**SARASOTA FL 34231**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GORMAN, WILLIAM E.	6530 N. ALGONQUIN AVENUE	CHICAGO IL	D	Thomas Schmidt	396 Bunker Hill	Sarasota FL
D	KUJAWA, ROBERT	6334 MIDNIGHT PASS RD	SARASOTA FL 34242				
D	MCDONALD, WILLIAM	311 PINE RUN DR.	OSPREY FL				
D	WARNELL, RON	6334 MIDNIGHT PASS RD	SARASOTA FL				
SD	POCIASK, JACK	6334 MIDNIGHT PASS RD.	SARASOTA FL				
VTD	GAROFALO, JOHN	6007 N SHERIDAN	CHICAGO IL				

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: *John A. Garofalo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN A. GAROFALO** 01-19-01 773-728-3962

Date

Daytime Phone #

CR2E037 (10/00)