2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90063 009 ****61.25

DOCUMENT # 714379

1. Entity Name

LIDO HARBOUR SOUTH, INC.

Principal Place of Business	Mailing Address
2100 BENJAMIN FRANKLIN DRIVE SARASOTA FL 34236	2100 BENJAMIN FRANKLIN DRIVE SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

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 59-1282997 ☐ 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
MCCORMICK, NEIL J 2110 BEN FRANKLIN DRIVE 131C SARASOTA FL 34236 DECEASED	Name DONALD G. WILSON Street Address (P.O. Box Number is Not Acceptable) 2110 BEN FRANKLIN DRIVE City SARASOTA FL Zip Code 34236

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 Donald G. Wilson 1-26-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, DONALD G 2100 BEN FRANKLIN DR SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. ARNAY, OSCAR 2110 BEN FRANKLINDRIVE SARASOTA FL 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLINIK, ANDREW 2110 BEN FARNKLIN DR SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP V.P. GENE DENNISON 2100 BEN FRANKLINDRIVE SARASOTA FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWEN, RUTH 2100 BEN FRANKLIN DR SARASOTA FL OK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNAY, OSCAR 2110 BEN FRANKLIN DR SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ASST TREASURER BARBARA BRAINARD 2110 BEN FRANKLIN DR SARASOTA, FL 34236	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TAMBURINO, CHARLES 2110 BEN FRANKLIN DR SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN NAJJAR 7715 FAIRWAY WOODS DRIVE SARASOTA, FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SHAW, DALLAS 2110 BEN FRANKLIN DR SARASOTA FL OK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SAME	☐ Change ☐ Addition

CR2E037 (10/00)

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: Donald G. Wilson REQUIRED DONALD G. WILSON 1-26-01 941-388-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #