

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90138 019 ****61.25

DOCUMENT # 726936

1. Entity Name

TIVOLI BY THE SEA ASSOCIATION INC



Principal Place of Business

**625 BEACH RD.
SARASOTA FL 34242**

Mailing Address

**625 BEACH RD.
SARASOTA FL 34242**

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 **59-1667313**

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

**SMITH, RICHARD L ESQ.
%NELSON HESSE
2070 RINGLING BLVD
SARASOTA FL 34237**

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 **HABER, RICHARD**
STREET ADDRESS **10801 PEAR TREE LN #342**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Perricone**
STREET ADDRESS **307 Collfield Avenue**
CITY-ST-ZIP **Staten Island, N.Y. 10314**

TITLE **TD** ☐ Delete
NAME **BEAZLEY, DAVID**
STREET ADDRESS **6137 INGLIS**
CITY-ST-ZIP **HALIFAX NO**

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

TITLE **VP-D** ☐ Delete
NAME **GROOM, JERRY**
STREET ADDRESS **625 BEACH RD**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **D** ☐ Delete
NAME **LEONETTI, MARY ANNE**
STREET ADDRESS **625 BEACH RD**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
NAME **GOLDBERG, DAVID**
STREET ADDRESS **7131 WHITE WATER COURT**
CITY-ST-ZIP **DAYTON OH**

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

TITLE **PD** ☐ Delete
NAME **BAGWELL, JAMES**
STREET ADDRESS **4495 WESTMOUNT BLVD**
CITY-ST-ZIP **AKRON OH 44321**

TITLE ☐ Change ☐ 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:

M.A. Leonetti, Director
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.A. LEONETTI (941) 349-5544

CR2E037 (10/02)