

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740640

1. Entity Name

V I P NORTH OWNERS ASSOCIATION, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90086 010 ****61.25

Principal Place of Business

Mailing Address

VIP NORTH
PO BOX 21195
SARASOTA FL 34276
US

VIP NORTH
PO BOX 21195
SARASOTA FL 34276-4195
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2304879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NOCERA, DORIS
3500 N VILLAGE CT
SARASOTA FL 34231

Name
Gerard Ted Ardelean
Street Address (P.O. Box Number is Not Acceptable)
3526 N. Village Ct
Sarasota FL 34231
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 PD
NAME NORCERA, DORIS
STREET ADDRESS 3500 N VILLAGE CT
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE PD
NAME Robert Wolfgang
STREET ADDRESS 3559 N. Village Ct.
CITY-ST-ZIP Sarasota FL 34231 ☐ Change ☒ Addition

TITLE VPD
NAME FETTER, DOAME
STREET ADDRESS 3533 N VILLAGE CT
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE SD
NAME Carolyn Linz
STREET ADDRESS 3522 Auburn Ct
CITY-ST-ZIP Sarasota FL 34231 ☐ Change ☒ Addition

TITLE SD
NAME SWANGER, JOAN
STREET ADDRESS 3512 AUBURN CT
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE TD
NAME Gerard Ted Ardelean
STREET ADDRESS 3526 N. Village Ct
CITY-ST-ZIP Sarasota FL 34231 ☐ Change ☒ Addition

TITLE TD
NAME MINDLIN, JEAN P
STREET ADDRESS 3502 N VILLAGE CT
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE D
NAME James R. Amos
STREET ADDRESS 3507 N. Village Ct
CITY-ST-ZIP Sarasota FL 34231 ☐ Change ☒ Addition

TITLE D
NAME STANSBURY, HELEN
STREET ADDRESS 3554 AUBURN CT
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

941-921-4533

Daytime Phone #

CR2E037 (9/99)