

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90079 019 \*\*\*\*61.25

**DOCUMENT # 743802**

1. Entity Name

**LIDO AMBASSADOR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**800 BEN FRANKLIN DR.  
 SUITE 101 OR 708  
 SARASOTA FL 34236  
 US**

**800 BEN FRANKLIN DRIVE  
 101 OR 708  
 SARASOTA FL 34236-2151  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1883959**

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

**ADVANCED MGMT. OF SW FL, INC.  
 5899 WHITFIELD AVE  
 STE 107  
 SARASOTA FL 34236**

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	TD	<input type="checkbox"/> Delete
NAME	MECARTY, HERB	
STREET ADDRESS	800 BEN FRANKLIN DR, #511	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VIESPOLI, VINCENT	
STREET ADDRESS	800 BEN FRANKLIN DR, #610	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONWAY, JOHN	
STREET ADDRESS	800 BEN FRANKLIN DR, #606	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDEL, JOEL E	
STREET ADDRESS	800 BEN FRANKLIN DR #711	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKS, DOLORES	
STREET ADDRESS	800 BEN FRANKLIN DR, #110	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEE STARFIELD	
STREET ADDRESS	800 BEN FRANKLIN DR #507	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR BARBATI	
STREET ADDRESS	800 BEN FRANKLIN DR # 611	
CITY-ST-ZIP	SARASOTA, FL 34236	

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. Conway* **JOHN A. CONWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/00 941 388 4864  
 Date Daytime Phone #

CR2E037 (9/99)