

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90073 009 \*\*\*\*61.25

0075684

**DOCUMENT # 743802**  
 1. Entity Name  
**LIDO AMBASSADOR ASSOCIATION, INC.**

Principal Place of Business <b>800 BEN FRANKLIN DR.          SUITE 101 OR 708          SARASOTA FL 34236          US</b>	Mailing Address <b>800 BEN FRANKLIN DRIVE          101 OR 708          SARASOTA FL 34236          US</b>
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024046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number <b>59-1883959</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**ADVANCED MGMT. OF SW FL, INC.  
 5899 WHITFIELD AVE  
 STE 107  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MECARTY, HERB 800 BEN FRANKLIN DR, #511 SARASOTA FL 34236</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VIESPOLI, VINCENT 800 BEN FRANKLIN DR, #610 SARASOTA FL 34236</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CONWAY, JOHN 800 BEN FRANKLIN DR, #606 SARASOTA FL 34236</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANDEL, JOEL E 800 BEN FRANKLIN DR #711 SARASOTA FL 34236</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARKS, DOLORES 800 BEN FRANKLIN DR, #110 SARASOTA FL 34236</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARBATI, VICTOR 800 BEN FRANKLIN DR #611 SARASOTA FL 34236</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARY LYMAN 800 BEN FRANKLIN DR # 709 SARASOTA FL 34236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERRI CHAFFEE 800 BEN FRANKLIN DR #108 SARASOTA FL 34236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TOM MORIN 800 BEN FRANKLIN DR # 509 SARASOTA FL 34236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD VICTOR BARBATI 800 BEN FRANKLIN DR #611 SARASOTA FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 Required, Treas. Date: 2/16/01 Daytime Phone #: 941-388-6477

CR2E037 (10/00)