

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

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90126 008 \*\*\*\*61.25

**DOCUMENT # 743802**

1. Entity Name

LIDO AMBASSADOR ASSOCIATION, INC.



Principal Place of Business

800 BEN FRANKLIN DR.  
SUITE 101 OR ~~208~~ 709  
SARASOTA FL 34236  
US

Mailing Address

800 BEN FRANKLIN DRIVE  
101 OR 708  
SARASOTA FL 34236  
US

2. Principal Place of Business

3. Mailing Address

9031 Town Center  
PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

Country

34202

Country

4. FEI Number 59-1883959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON FL 34202

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. 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

TITLE NAME	TD LYMAN, MARY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR # 709 SARASOTA FL 34236	
TITLE NAME	DP CONWAY, JACK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR #609 SARASOTA FL 34236	
TITLE NAME	DVP SHAPIRO, NORM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR #311 SARASOTA FL 34236	
TITLE NAME	D STARFIELD, LEE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR #507 SARASOTA FL 34236	
TITLE NAME	DVP MORIN, TOM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR # 509 SARASOTA FL 34236	
TITLE NAME	D CHAFFEE, GERRI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 BEN FRANKLIN DR # 108 SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Signature of Gerry Chaffee (Gerry B Lyman) 2/20/2003 941-988-6477

CR2E037 (10/02)