

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90003 010 \*\*\*\*61.25

**DOCUMENT # 743852**

1. Entity Name  
**222 BEACH ROAD OWNERS ASSOCIATION, INC.**

**R**

Principal Place of Business <b>2848 PROCTOR ROAD SARASOTA FL 34231</b>	Mailing Address <b>2848 PROCTOR ROAD SARASOTA FL 34231-6444</b>
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2. Principal Place of Business <b>2198 PRINCETON ST. Suite, Apt. #, etc. STE #20</b>	3. Mailing Address <b>2198 PRINCETON ST. Suite, Apt. #, etc. STE #20</b>
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City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>	4. FEI Number <b>59-2054401</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34237</b>	Country <b>SARASOTA</b>	Zip <b>34237</b>	Country <b>SARASOTA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>MILLER MANAGEMENT SERVICES, INC. 2848 PROCTOR ROAD SARASOTA FL 34231</b>	7. Name and Address of New Registered Agent Name <b>MA-CO INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2198 PRINCETON ST. STE #20</b> City <b>SARASOTA</b> FL Zip Code <b>34237</b>
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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 Warren Weil **WARREN WEIL** 7/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DORNON, KATHY 222 BEACH RD #7 SARASOTA FL 34242</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV FANKHAUSER, PHILIP 222 BEACH RD #4 SARASOTA FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FLEENER, CAROLA 222 BEACH ROAD #6 SARASOTA FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLAISING, STEPHEN 222 BEACH RD #5 SARASOTA FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIROFF, RICHARD 222 BEACH RD #9 SARASOTA FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Carla Fleener **REQUIRED** 7/28/00 941-366-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)