

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90353 040 ****61.25

DOCUMENT # 745337

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC

Principal Place of Business

**4109 CENTER PT. DR.
 SARASOTA FL 34233
 US**

Mailing Address

**4109 CENTER PT. DR.
 SARASOTA FL 34233
 US**

2. Principal Place of Business

5773 Center Pointe Lane

3. Mailing Address

5773 Center Pointe Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Fl.

City & State

Sarasota Fl.

4. FEI Number

59-1964016

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

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

**GROSS, ED
 4109 CENTER POINTE DR.
 SARASOTA FL 34233**

Name
Al Channell

Street Address (P.O. Box Number is Not Acceptable)

5773 Center Pointe Lane

City
Sarasota

FL 34233

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 *Al Channell* President Feb. 13, 2001
 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 GROSS, ED
 STREET ADDRESS 4109 CENTER PT. DR.
 CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

TITLE PD
 NAME Al Channell
 STREET ADDRESS 5773 Center Pointe Lane
 CITY-ST-ZIP Sarasota Fl. 34233 ☐ Change ☒ Addition

TITLE VPD
 NAME MARTIN, NANCY
 STREET ADDRESS 5725 CENTER POINTE LN.
 CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

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

TITLE TD
 NAME MARSHALL, DON
 STREET ADDRESS 4103 CENTER GATE BLVD
 CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE TDA/S
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
 NAME CHANNELL, AL
 STREET ADDRESS 5773 CENTER POINTE LANE
 CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

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

TITLE D
 NAME GARBER, CHARLES
 STREET ADDRESS 5709 CENTER POINTE LN.
 CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

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

TITLE D
 NAME DENNEY, ROBERT
 STREET ADDRESS 4105 CENTER GATE BLVD
 CITY-ST-ZIP SARASOTA FL 34233 ☐ 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: *Al Channell* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 13/01 941-378-476

CR2E037 (10/00)