

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746896

1. Entity Name

MIAKKA COMMUNITY CLUB, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90118 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

15800 WILSON RD.  
SARASOTA FL 34240

15800 WILSON RD.  
SARASOTA FL 34240-8836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2719320

Applied For

Not Applicable

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

MUSTICO, LINDA L  
2509 LENA LANE  
SARASOTA FL 34240

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

*Linda L Mustico*

3/29/00

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 VPD  
NAME SALEM, BARBARA ☒ Delete  
STREET ADDRESS 15800 HANCOCK RD  
CITY-ST-ZIP SARASOTA FL 34240

TITLE VPD  
NAME Richardson, Ellen ☐ Change ☒ Addition  
STREET ADDRESS 16150 Mahess Rd  
CITY-ST-ZIP Sarasota FL 34240

TITLE TD  
NAME HOMNER, BARBARA ☐ Delete  
STREET ADDRESS 1816 OLD MIAKKA RD  
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE PD  
NAME DUGGAN, MAURIE ☐ Delete  
STREET ADDRESS 551 MIAKKA RD  
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE SD  
NAME COURY, FRED ☐ Delete  
STREET ADDRESS 651 MYAKKA RD  
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

BARBARA G HOMNER

SIGNATURE:

*Barbara G Homner*

4-22-00

941-392-3534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/91)