

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90050 004 ***150.00

DOCUMENT # K60293

1. Entity Name

O'CONNOR BUILDING CORPORATION

Principal Place of Business

1900 ROLLING GREEN CIR
SARASOTA FL 34240
US

Mailing Address

1900 ROLLING GREEN CIRCLE
SARASOTA FL 34240
US

2. Principal Place of Business

7177 N. Leewynn Dr
Suite, Apt. #, etc.

3. Mailing Address

7177 N. Leewynn Dr.
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240

Country

U.S.

Zip

34240

Country

U.S.

4. FEI Number 65-0101896

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

GODDARD, FRANK W.
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME O'CONNOR, KEVIN R.
STREET ADDRESS 1900 ROLLING GREEN CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE DP ☒ Change ☐ Addition
NAME O'Connor Kevin R.
STREET ADDRESS 7177 N. Leewynn Dr.
CITY-ST-ZIP Sarasota, FL 34240

TITLE DS ☐ Delete
NAME O'CONNOR, SHARYL G
STREET ADDRESS 1900 ROLLING GREEN CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE DS ☒ Change ☐ Addition
NAME O'Connor Sharyl G.
STREET ADDRESS 7177 N. Leewynn Dr.
CITY-ST-ZIP Sarasota, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

(941) 342-9251

CR2E034 (10/00)