

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85285

1. Entity Name

PLACIDA PROPERTIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90020 037 ***150.00

Principal Place of Business

Mailing Address

5370 GULF OF MEXICO DR
SUITE 208
LONGBOAT KEY FL 34228
US

5370 GULF OF MEXICO DRI
SUITE 208
LONGBOAT KEY FL 34228-2047
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1543 2ND ST.

3. Mailing Address

1543 2ND ST.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0141853

Applied For

Not Applicable

Zip

34236

Country

U.S.

Zip

34236

Country

FL

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

BREUER, ELIZABETH A.
5370 GULF OF MEXICO DRIVE
SUITE 208
LONGBOAT KEY FL 34228

Name

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

1543 2ND ST. SUITE 102

City

SARASOTA FL

FL

Zip Code

34236

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BREUER, ELIZABETH A. 5370 GULF OF MEXICO DR, STE 208 LONGBOAT KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELSERS, HENNY ALEXANDER BATTALAN 40 6221 CE MAASTRICHT NE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHACKLETT, SHARON A 5370 GULF OF MEXICO DR, STE 208 LONGBOAT KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPER, DAVID M 28-30 THE PARADE ST. HELIER JERSEY CHANNEL ISLANDS UK JE4- 8XY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1543 2ND ST. SUITE 102 SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1543 2ND ST. SUITE 102 SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH A. BREUER

Date

Daytime Phone #

4/14/00 941-952-0533

CR2E034 (9/99)