2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022187

1. Entity Name

TROPICAL BREEZE RESORT OF SIESTA KEY, LLC

Principal Place of Business	Mailing Address
110 BEACH ROAD SARASOTA FL 34242	110 BEACH ROAD SARASOTA FL 34242

971572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
140 COLUMBUS BLVD	140 COLUMBUS BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 80-0003319
Zip 34242 Country USA	Zip 34242 Country USA	5. Certificate of Status Desired ☐

Applied For / Not Applicable

$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, R. CRAIG 1605 MAIN STREET SUITE 1111 SARASOTA FL 34236	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRESIDENT NAME RICHARD DEAN STREET ADDRESS 110 BEACH RD CITY-ST-ZIP SARASOTA, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _SIGNATURE PRESIDENT_   7-15-02   941-349-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #