

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90146 035 ***150.00

DOCUMENT # L40652

1. Entity Name

REEMARK SARASOTA QUAY, INC.

Principal Place of Business

Mailing Address

C/O RENE A. GAREAU
 4273 BOCA POINTE DRIVE
 SARASOTA FL 34238

C/O RENE A. GAREAU
 4273 BOCA POINTE DRIVE
 SARASOTA FL 34238-5575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

603 SARASOTA QUAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

4. FEI Number

65-0169183

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

Country

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

**RENE A. GAREAU
 4273 BOCA POINTE DRIVE
 SARASOTA FL 34238**

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, 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 **PD** ☐ Delete
 NAME **FENTON, SHELDON C.**
 STREET ADDRESS **149 DUNVEGAN RD**
 CITY-ST-ZIP **TORONTO-ONTARIO-CA. M5P 2N8 M4P2N**

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

TITLE **DCS** ☐ Delete
 NAME **GAREAU, RENE A.**
 STREET ADDRESS **4273 BOCA POINTE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **O** ☐ Delete
 NAME **TAYLOR, JEFFREY A.**
 STREET ADDRESS **777 EGLINTON AVE. W., STE. 303**
 CITY-ST-ZIP **TORONTO ON M5N1E**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **43 RANDOLPH ROAD**
 CITY-ST-ZIP **TORONTO, ONTARIO CANADA M4G 3R8**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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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 #

4/11/00

CR2E034 (9/99)