

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

091100

DOCUMENT # L40652

1. Entity Name

REEMARK SARASOTA QUAY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 PM 1:08

Principal Place of Business

603 SARASOTA QUAY
SARASOTA, FLORIDA
34236

Mailing Address

c/o RENE A. GAREAU
4273 BOCA POINTE DRIVE
SARASOTA, FLORIDA
34238-5575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0169183

Applied For

Not Applicable

Zip

Country

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, FLORIDA
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 State10. 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	<input type="checkbox"/> Delete
NAME	FENTON, SHELDON C.	
STREET ADDRESS	149 DUNVEGAN ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4P 2N8	
TITLE	DCS	<input type="checkbox"/> Delete
NAME	GAREAU, RENE A.	
STREET ADDRESS	4273 BOCA POINTE DRIVE	
CITY-ST-ZIP	SARASOTA, FLORIDA 34238	
TITLE	O	<input type="checkbox"/> Delete
NAME	TAYLOR, JEFFREY A.	
STREET ADDRESS	43 RANDOLPH ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4G 3R8	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003400817-0	
STREET ADDRESS	-09/21/00--01024--024	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAREAU, JEFFREY	
STREET ADDRESS	4942 SABAL LAKE CIRCLE	
CITY-ST-ZIP	SARASOTA, FLORIDA 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

AUG. 22, 2000

Date

Daytime Phone #

CR2E034 (9/99)