

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 039 ***158.75

DOCUMENT # M99223

1. Entity Name

Eventide Resort Hotel, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1130 Estero Blvd.

3. Mailing Address

6200 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, FL

City & State

St. Pete Beach, FL

Zip

33931

Country

U.S.

Zip

33706

Country

U.S.

4. FEI Number

65-0023176

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James Kotsopoulos

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

1130 Estero Blvd.

City

Ft. Myers Beach

FL

Zip Code

33931

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

2/1/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OPS
James Kotsopoulos
1130 Estero Blvd.
Ft. Myers Beach FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Doreen Radich
6200 Gulf Blvd
St. Pete Beach, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Karen DeMont
6200 Gulf Blvd.
St. Pete Beach, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 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 #

2/1/02

727-367-1902