

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

02-05-2001 90083 005 *****61.25

DOCUMENT # N04676

1. Entity Name

BUCCANEER PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7119 SOUTH TAMiami TRAIL
~~SUITE A~~
 SARASOTA FL 34231
 US

Mailing Address

7119 TAMIA TRAIL
 SUITE A
 SARASOTA FL 34231
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. **C/O Colono Manno Ristorante**
1603 North Tamiami Trail
Sarasota, FL 34236

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

59-2435669

Applied For

Not Applicable

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

RIDER, STEVE
7119 S TAMiami TRAIL
~~**SUITE A**~~
SARASOTA FL 34231

Name **Robert W. Browning, Jr.**

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

1800 Second Street
Suite 858

City

Sarasota,

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

Attorney Robert W. Browning, Jr.

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering.

3/1/01

DATE

FILE NOW:
FEES IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
 NAME **RIDER, STEVE**
 STREET ADDRESS **7119 S TAMiami TR, STE A**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DS**
 NAME **CASADIO, JOSEPH**
 STREET ADDRESS **7119 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VD**
 NAME **RIDER, DONALD**
 STREET ADDRESS **7119 S. TAMiami**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PD**
 NAME **Casadio, Joseph**
 STREET ADDRESS **934 Blvd of the Arts**
 CITY-ST-ZIP **Sarasota, FL 34236**

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

TITLE **DS**
 NAME **Casadio, Elizabeth A.**
 STREET ADDRESS **934 Blvd of the Arts**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☒ Addition
 NAME **Gregory A. Bank (director)**
 STREET ADDRESS **c/o Tops Vacuum**
 CITY-ST-ZIP **2120 Beeridge Road**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Sarasota, FL 32439**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN W. BROWNING, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

Daytime Phone #

CR25037 (10/00)