

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12080

1. Entity Name

SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90006 021 ****61.25

Principal Place of Business

Mailing Address

8462 S TAMiami TRAIL
PO BOX 2700
SARASOTA FL 34238
US

PO BOX 2700
SARASOTA FL 34230-2700
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8454 S. TAMiami TRAIL

3. Mailing Address

P.O. Box 2700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA

City & State

SARASOTA FL 34238

City & State

SARASOTA, FL

4. FEI Number

58-1662018

Applied For

Not Applicable

Zip

34238

Country

SARASOTA

Zip

34238

Country

SARASOTA

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

WEINBERG, ALEXANDER

8462 S TAMiami TRAIL

SARASOTA FL 34238

8454 S. TAMiami TRAIL

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

FILE NOW:
FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	WEINBERG, ALEXANDER	
STREET ADDRESS	8454 S. TAMiami TR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEVLIN, DAVID	
STREET ADDRESS	8410 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEINBERG, ANITA	
STREET ADDRESS	8454 S. TAMiami TR.	
CITY-ST-ZIP	SARASOTA FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 941 966 3611
Date Daytime Phone #

CR2E037 (9/99)