

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 29, 2001 8:00 am
Secretary of State

01-26-2001 90130 018 ****61.25

DOCUMENT # N12080

1. Entity Name

SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8454 S TAMiami TRAIL
 SARASOTA FL 34238
 US**

**PO BOX 2700
 SARASOTA FL 34230
 US**

2. Principal Place of Business

3. Mailing Address
P.O. Box 706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1662018

Applied For

Not Applicable

Zip

Country

34230-0706

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

**WEINBERG, ALEXANDER
 8454 S TAMiami TRAIL
 SARASOTA FL 34238**

Name **RICHARD S. WEBB, IV**

Street Address (P.O. Box Number is Not Acceptable)
2 North Tamiami Trail, #500

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

01/17/01

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 **PO** ☒ Delete
 NAME **WEINBERG, ALEXANDER**
 STREET ADDRESS **8454 S. TAMiami TR.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **RICHARD S. WEBB, IV**
 STREET ADDRESS **P.O. Box 706**
 CITY-ST-ZIP **Sarasota, FL 34230-0706**

TITLE **VSD** ☒ Delete
 NAME **DEVLIN, DAVID**
 STREET ADDRESS **8410 S TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **DEVLIN, DAVID**
 STREET ADDRESS **8410 S. TAMiami Trail**
 CITY-ST-ZIP **Sarasota, FL**

TITLE **TD** ☒ Delete
 NAME **WEINBERG, ANITA**
 STREET ADDRESS **8454 S. TAMiami TR.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **LEIGH-ANN WEBB**
 STREET ADDRESS **P.O. Box 706**
 CITY-ST-ZIP **Sarasota FL 34230-0706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

Richard S. Webb IV

01/17/01

941-951-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)