

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 047 ****61.25

DOCUMENT # N27055

1. Entity Name

LONG COMMON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5037 RINGWOOD MEADOW
SARASOTA FL 34235**

**5037 RINGWOOD MEADOW
SARASOTA FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0070004

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

**ROYSE, DIANE
4840 SUNDAY CT.
SARASOTA FL 34235**

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 **DT** ☐ Delete
NAME **KAY, KEN**
STREET ADDRESS **5657 LONG COMMON**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **DP** ☐ Delete
NAME **CHURTON, G.W.**
STREET ADDRESS **5683 LONG COMMON**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **DVP** ☐ Delete
NAME **ZUCCHELLI, JEAN**
STREET ADDRESS **5509 E. LONG COMMON**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **S** ☐ Delete
NAME **LARSON, GERALD**
STREET ADDRESS **5600 LONG COMMON**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **D** ☐ Delete
NAME **WARNOCK, BOB**
STREET ADDRESS **4444 LONG COMMON**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **KEN KAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-02

CR2E037 (9/01)