## .2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 01, 2001 8:00 am Secretary of State DOCUMENT # N31024 1. Entity Name CRESTWOOD VILLAS OF SARASOTA MULTI-CONDOMINIUM A 03-01-2001 90005 047 \*\*\*\*61 25 Principal Place of Business Mailing Address C/O ADVANCED MANAGEMT INC C/O ADVANCED MANAGEMT INC 5899 WHITFIELD AVE #107 5899 WHITFIELD AVE #107 SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2391486 Not Applicable Zip Country Zip Country \$8.75. Additional 5.\_Certificate of Status Desired - -- -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADVANCED MANAGEMT OF SW FL Street Address (P.O. Box Number is Not Acceptable) 5899 WHITFIELD AVE SUITE 107 SARASOTA FL 34243 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 regi (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CEPPOS, GERALD NAME NAME 4269 CAROL ANN RD. STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP VPD TITLE Delete TITLE SD Change **X** Addition SHRAGER, JACK, AL-Dachaver-NAME .\_ NAME 5435 Crestlake Blud STREET ADDRESS 4160 BRITTANY LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Sarasota, FL 34233 SD TITLE TITLE Delete ☐ Change Addition SCHUTE, ART Orley Swartzentruler NAME 5444 KELLY DRIVE STREET ADDRESS STREET ADDRESS 5433 Crestlake Blud. SARASOTA FL 34233 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34233 TITLE ☐ Delete TITLE X Change ■ Addition **BROWN, BOB** NAME NAME 4181 BRITTANY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP PD TITLE VPD ☐ Delete TITLE Addition Change WHITFORD, A NAME NAME 5435 KELLY DR STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

CITY-ST-ZIP

**SIGNATURE:**