

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-28-2002 91742 032 ****61.25

DOCUMENT # N36160

1. Entity Name

ARK PLAZA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% RICHARD BRADWAY
 400 BARCELONA AVE.
 VENICE FL 34285

% RICHARD BRADWAY
 400 BARCELONA AVE.
 VENICE FL 34285

2. Principal Place of Business

2001-2049 S. Tamiami Trail

3. Mailing Address

P.O. Box 2479

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Sarasota, Florida

4. FEI Number

59-2313238

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34230

Country

USA

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

DEBOER, ROBERT
613 FOUR BAYS DR
NOKOMIS FL 34275

Name **John W. Persse**

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

1800 Second Street, Suite 715

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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 **D** ☒ Delete
 NAME **HART, JAMES E**
 STREET ADDRESS **2638 BAY SHORE DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Change ☒ Addition
 NAME **LEONARD B. STEVENS**
 STREET ADDRESS **c/o 1800 Second Street, Suite 715**
 CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE **D** ☒ Delete
 NAME **DEBOER, ROBERT**
 STREET ADDRESS **613 FOUR BAYS DR**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Change ☒ Addition
 NAME **ELIZABETH STEVENS**
 STREET ADDRESS **c/o 1800 Second Street, Suite 715**
 CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE **D** ☒ Delete
 NAME **BRADWAY, RICHARD M**
 STREET ADDRESS **2310 SINOMA DR EAST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN W. PERSSE**
 STREET ADDRESS **1800 Second Street, Suite 715**
 CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 941-366-7589
 Date Daytime Phone #

CR2E037 (9/01)