

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37896

1. Entity Name

CHC OFFICE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90001 041 \*\*\*\*61.25

Principal Place of Business

1700 S. TAMiami TRAIL  
 C/O PROPERTY MANAGEMENT  
 SARASOTA FL 34239  
 US

Mailing Address

1700 S. TAMiami TRAIL  
 C/O PROPERTY MANAGEMENT  
 SARASOTA FL 34239  
 US

80060260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0206592

Applied For

Not Applicable

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

BANNON, TOM  
 C/O PROPERTY MANAGEMENT  
 1700 S TAMiami TRAIL  
 SARASOTA FL 34239

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**

**After September 12, 2001, min. will be \$236.25**

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

TITLE PD  
 NAME REHMANI, MASOOD Z. M  
 STREET ADDRESS 6075 RAND BOULEVARD  
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VD  
 NAME RUTHERFORD, DONALD  
 STREET ADDRESS 6075 RAND BLVD, SUITE 3  
 CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE STD  
 NAME BANNON, THOMAS  
 STREET ADDRESS 1700 S TAMiami TRAIL  
 CITY-ST-ZIP SARASOTA FL 34239

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
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☐ Change ☐ Addition

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:

*Thomas M. Bannan* **THOMAS M. BANNON**

7/13/01

941-917-1810

CR2E037 (5/01)