

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39144

1. Entity Name

SECTION II MANAGEMENT, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90113 007 ****61.25

Principal Place of Business

Mailing Address

% JOHN PATTERSON
46 N WASHINGTON BLVD #1
SARASOTA FL 34236

% JOHN PATTERSON
46 N WASHINGTON BLVD #1
SARASOTA FL 34236-5932

2. Principal Place of Business

3. Mailing Address

7015 PROFESSIONAL PKWY E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FLORIDA

Zip
34240

Country

Zip

Country

4. FEI Number

65-0266828

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

MYERS, TROY H.
2033 MAIN ST.
SUITE 600
SARASOTA FL 34237

Name

PATTERSON, JOHN

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

46 N. WASHINGTON BLVD.

SUITE 1

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
THOMPSON, SHELDON
2033 MAIN ST. #600
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
COX, JOHN
46 N WASHINGTON BLVD., STE. 1
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PATTERSON, JOHN
46 N WASHINGTON BLVD, STE. 1
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,P
COX, JOHN
7015 PROFESSIONAL PARKWAY EAST
SARASOTA FLORIDA 34240 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,S,T
FROST, KLAUS
7015 PROFESSIONAL PARKWAY EAST
SARASOTA FLORIDA 34240 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,VP
WEAVER, JOHN
7015 PROFESSIONAL PARKWAY EAST
SARASOTA FLORIDA 34240 ☐ 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:

SIGNATURE REQUIRED 3/23/2000

(941) 907-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)