

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000001030

1. Entity Name

BAILLIAGE DE SARASOTA, INC.

Principal Place of Business

5230 N TAMiami TRAIL
SARASOTA FL 34234
US

Mailing Address

5230 N TAMiami TRAIL
SARASOTA FL 32423
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379027

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

TAULERE, ALAIN
5230 N TAMiami TRAIL
SARASOTA FL 34234

Name

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

City

FL

Zip Code

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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 PD ☐ Delete
NAME TAULERE, ALAIN P
STREET ADDRESS 5230 N TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

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

TITLE PD ☐ Delete
NAME SULLIVAN, MARIANNE
STREET ADDRESS 178 WASHINGTON AVE
CITY-ST-ZIP LAKE MARY FL

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

TITLE SD ☐ Delete
NAME MCCALL, LEE
STREET ADDRESS 1432 1ST ST, STE. E
CITY-ST-ZIP SARASOTA FL

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

TITLE VD ☐ Delete
NAME CULBRETH, CRAIG REV
STREET ADDRESS 1191 TROTWOOD BLVD
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE SD ☐ Delete
NAME MUNIZZI, AMY
STREET ADDRESS 230 HUMPHREY ROAD
CITY-ST-ZIP LAKE MARY FL

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:

SIGNATURE REQUIRED TAULERE

Date

Daytime Phone #

CR2E037 (10/00)

0075924

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90004 007 ****61.25

001472



DO NOT WRITE IN THIS SPACE