

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 91008 031 \*\*\*\*61.25

**DOCUMENT #** *N93000003322* ✓  
**1. Entity Name\***  
 PROMENADES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Principal Place of Business**      **Mailing Address**  
 3300 TAMIAMI TRAIL      3300 TAMIAMI TRAIL  
 SUITE 101A      SUITE 101A  
 PORT CHARLOTTE, FL 33952      PORT CHARLOTTE, FL 33952

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
 65-0480884       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ROBERT SIFRIT  
 2315 AARON ST  
 PORT CHARLOTTE, FL 33952

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GREG FLUHARTY	
STREET ADDRESS	3300 TAMIAMI TRAIL SUITE 103	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MARK ASPERILLA	
STREET ADDRESS	3300 TAMIAMI TRAIL SUITE 102A	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	RAMACHANDRAN RAJARAM	
STREET ADDRESS	3300 TAMIAMI TRAIL SUITE 101A	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ramachandran Rajaram*      **RAMACHANDRAN RAJARAM**      3-23-01      941 629-4676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (1/1/00)