

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90009 032 ****61.25

B0015610



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005263

1. Entity Name

BAY ISLAND - SIESTA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 25306
 SARASOTA FL 34277-2306

P O BOX 25306
 SARASOTA FL 34277-2306

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

65-0491073

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

MCDANIEL, ROBERT S JR
1444 FIRST ST
SARASOTA FL 34236

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

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	<input checked="" type="checkbox"/> Delete
NAME	SIKORSKI, DON	
STREET ADDRESS	3707 WHITE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIEGEL, ALICE	
STREET ADDRESS	525 FREELING DR	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAGE, LINDA	
STREET ADDRESS	428 SIESTA DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DWIGHT	
STREET ADDRESS	527 FREELING DR	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLBERG, PAT	
STREET ADDRESS	3455 ANGLIN	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARCOMB, SUSAN	
STREET ADDRESS	878 SIESTA DR	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	maureen D'Hanna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	126 Siesta Drive	
STREET ADDRESS	Sarasota, FL 34242	
CITY-ST-ZIP		
TITLE	B.J. Creighton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	249 Freeling Drive	
STREET ADDRESS	Sarasota, FL 34242	
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:

Patricia Stolberg 2/2/00

CR2E037 (9/99)