

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005472

1. Entity Name

SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION THR

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90090 029 ****61.25

Principal Place of Business

3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239

Mailing Address

3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239-6726

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1321257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOBECK, DANIEL J
2033 MAIN STREET
SUITE 301
SARASOTA FL 34237

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CURTISS-DILLON, ELAINE	
STREET ADDRESS	3636 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ANZELONE, ANTOINETTE	
STREET ADDRESS	3254 SUFFOLK AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	FVP	<input checked="" type="checkbox"/> Delete
NAME	ANZELONE, CALVIN	
STREET ADDRESS	3254 SUFFOLK LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORRIGAN, EDWARD	
STREET ADDRESS	3656 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORRIGAN, MARILYN	
STREET ADDRESS	3656 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corrigan, Marilyn	
STREET ADDRESS	3656 Village Green Drive	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haun, Marylyn	
STREET ADDRESS	3289 Gifford Lane	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	FVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtiss-Dillon, Elaine	
STREET ADDRESS	3636 Village Green Drive	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anzelone, Calvin	
STREET ADDRESS	3254 Suffolk Lane	
CITY-ST-ZIP	Sarasota, FL 34239	
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.

Mary Haun, Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

(941) 923-6196

Date

Daytime Phone #

CR2E037 (9/99)