

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0075942

05-02-2001 90023 026 \*\*\*\*61.25

**DOCUMENT # N94000005507**

1. Entity Name

**BERMUDA CLUB EAST AT THE PLANTATION OWNERS ASSOC**

Principal Place of Business

Mailing Address

290 COCOANUT AVENUE  
 SARASOTA FL 34236

290 COCOANUT AVENUE  
 SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

**ADVANCED MGMT INC**

**ADVANCED MGMT INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**899 WOODBRIDGE DR**

**899 WOODBRIDGE DR**

City & State

City & State

**VENICE FL**

**VENICE FL**

Zip

Country

Zip

Country

**34293**

**USA**

**34293**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0764447**

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

**MUSTARI, RONALD**  
 290 COCOANUT AVENUE  
 SARASOTA FL 34236

Name **ADVANCED MANAGEMENT INC**

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

**899 WOODBRIDGE DRIVE**

City **VENICE FL**

**FL**

Zip Code **34293**

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

*Donna S. Jordan* **Donna S. Jordan, Managing Agent**

**4/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	MUSTARI, RONALD	
STREET ADDRESS	888 BLVD OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MUSTARI, JOANNE	
STREET ADDRESS	888 BLVD OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, DAN	
STREET ADDRESS	290 COCOANUT AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spadaro, Thomas	
STREET ADDRESS	899 Woodbridge Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schluchterer, George	
STREET ADDRESS	899 Woodbridge Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shoemaker, Daniel	
STREET ADDRESS	899 Woodbridge Drive	
CITY-ST-ZIP	Venice, FL 34293	
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)(j), 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:

*Donna S. Jordan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Secretary/Treasurer)

**4.26.01 941-493-0287**

Date

Daytime Phone #

CR2E037 (10/00)