

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90071 017 \*\*\*\*61.25

**DOCUMENT # N94000005684**

1. Entity Name

**LEMON BAY ESTATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8456 MIDNIGHT PASS RD.  
SARASOTA FL 34242

8456 MIDNIGHT PASS RD.  
SARASOTA FL 34242-2706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0603052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRYMON, JAMES J**  
**22 S. TUTTLE AVE., STE 3**  
**SARASOTA FL 34237**

Name

*JAMES TOABE*

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

*22 S. Tuttle Ave. Ste 3*

City

*Sarasota*

FL

Zip Code

*34237*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WEBER, CAROLYN E	8456 MIDNIGHT PASS RD.	SARASOTA FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SMITH, A C	8456 MIDNIGHT PASS RD.	SARASOTA FL 34242	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	MCDONALD, ELSIE M	2133 STRATFORD DR.	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)