

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000317

1. Entity Name

STONEBROOK CLUBSIDE SOUTH ASSOCIATION II, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90012 001 ****61.25

Principal Place of Business

Mailing Address

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

2. Principal Place of Business

3. Mailing Address

5899 Whitfield

5899 Whitfield

Suite, Apt., etc.

Suite, Apt., etc.

Suite 107

Suite 107

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34243

USA

34243

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0557772

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

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

Name

AME - Advanced Management, Inc.

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

5899 Whitfield Suite 107

City

Sarasota

FL

Zip Code

34243

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]

Douglas E Wilson

4-20-00

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 PD
NAME JASON LEE
STREET ADDRESS 9620 CLUB SOUTH CIR #5204
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE PD
NAME Rudd, Ed
STREET ADDRESS 6587 Gateway Ave.
CITY-ST-ZIP Sarasota, FL 34231 ☐ Change ☒ Addition

TITLE VD
NAME JOSEPH E OKRUHLICA
STREET ADDRESS 9620 CLUB SOUTH CIR #5105
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE ASAT
NAME Douglas E. Wilson
STREET ADDRESS 5899 Whitfield Suite 107
CITY-ST-ZIP Sarasota FL 34243 ☐ Change ☒ Addition

TITLE STD
NAME DALE E CONNER
STREET ADDRESS 9620 CLUB SOUTH CIR #5305
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME PAUL R CLARK
STREET ADDRESS 1801 GLENGARY ST
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE D
NAME GIORGETTI, PAUL J., JR
STREET ADDRESS P.O. BOX 15971
CITY-ST-ZIP SARASOTA, FL 34277 ☐ Change ☒ Addition

TITLE D
NAME THOMAS J AMES
STREET ADDRESS 9620 CLUB SOUTH CIR #5-301
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME CLARK, RICHARD
STREET ADDRESS 1801 GLENGARY ST.
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE D
NAME BETZ, DAVID W.
STREET ADDRESS 9620 CLUB CIRCLE SOUTH, #5206
CITY-ST-ZIP SARASOTA, FL 34238 ☐ Change ☒ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

941-921 7707

Daytime Phone #

CR2037 (9/99)