

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90024 023 \*\*\*\*61.25

**DOCUMENT # N95000005758**

1. Entity Name

**INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2123-E PORTER LAKE DRIVE  
UNIT E  
SARASOTA FL 34240**

**2123-E PORTER LAKE DRIVE  
UNIT E  
SARASOTA FL 34240**

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

**65-0694761**

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

**KUHN, HAROLD  
2123 D PORTER LAKE DRIVE  
SARASOTA FL 34240**

Name *Harold Kuhn*

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.

**Harold Kuhn**

SIGNATURE **Ken Mooney**

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

(NOTE: Registered Agent signature required when reinstating)

**3-1-02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOONEY, KEN</b>	
STREET ADDRESS	<b>2123 F &amp; G PORTER LAKE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KUHN, HAROLD C</b>	
STREET ADDRESS	<b>2123-D PORTER LAKE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KUHN, HAROLD</b>	
STREET ADDRESS	<b>2123-C&amp;D PORTER LK DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KUHN, KYLE</b>	
STREET ADDRESS	<b>2123-D PORTER LAKE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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:** *Harold C. Kuhn*  
**Harold C. Kuhn**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02**

**941 379-0784**

Date

Daytime Phone #

CR2E037 (9/01)