

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90014 029 ****61.25

DOCUMENT # N95000006064

1. Entity Name

LA CASA HOMEOWNERS OF SARASOTA COUNTY INC.

Principal Place of Business

**535 LA PLAYA
PH
NORTH PORT FL 34287
US**

Mailing Address

**535 LA PLAYA
PH
NORTH PORT FL 34287
US**

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

NOT APPLICABLE

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

**HOLLAND, THOMAS
427 MADONNA
NORTH PORT FL 34287**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, JAMES	
STREET ADDRESS	535 LA PLAYA	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVIN, PAUL S	
STREET ADDRESS	236 LA COSTA	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSER, ROBERT	
STREET ADDRESS	629 LASALA	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DARBY, SANDRA	
STREET ADDRESS	423 TARDE LOGO	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLAND, THOMAS	
STREET ADDRESS	427 MADONNA	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLIAS, DELL	
STREET ADDRESS	318 ROBALO	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 of Thomas Holland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 941-426-5970

CR2E037 (9/01)