2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # N9800007075 MYAKKA RIVER SCENIC LANDOWNERS ASSOCIATION, INC. 01-26-2000 90052 047 ****61.25 Principal Place of Business Mailing Address 463 U.S. HIGHWAY 41 BY-PASS SOUTH 483 U.S. HIGHWAY 41 BY-PASS SOUTH VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not 4, , iii. \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name' Street Address (P.O. Box Number is Not Acceptable) SMITH, RICHARD L 2070 RINGLING BLVD. SARASOTA FL 34237 Zip Code City 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:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Delete TITLE TITLE NAME LIGON, JOE K NAME STREET ADDRESS STREET ADDRESS 215 PALM DRIVE CITY-ST-ZIP CITY-ST-ZIF VENICE FL 34292 ☐ Change Delete GIORGETTI, PAUL J NAME STREET ADDRESS STREET ADDRESS 1501 BLUE HERON DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL.34239 Change-Delete : NAME - -: TAYLOR, THOMAS H JR. ÑAME STREET ADDRESS STREET ADDRESS 7000S TAMIAMI TRAIL CITY-ST-ZIP CITY-SI-ZIP VENICE FL 34293 Change TITLE ☐ Celete TITLE PINKERTON, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 102 HANCHEY BLVD. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change ☐ Delete TITLE TITLE NAME VETS, PHILIP NAME STREET ADDRESS STREET ADDRESS 817 BRENTWOOD DRIVE COY-ST-7/P CITY-ST-ZIP VENICE FL 34292

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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 changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

☐ Delete



Daytime Phone #

☐ Change

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