2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005265

1. Entity Name

47TH STREET INDUSTRIAL-COMMERCIAL CONDOMINIUM AS SOCIATION, INC.



Principal Place of Business Mailing Address 1900 NORTHGATE BLVD., STE A8 **ユヘハロネエヤリ** 1800 NORTHGATE BLVD., STE A8 SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0950739 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. GEOFFREY PFLUGNER Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 101 SARASOTA FL 34237 City 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. I am familiar with, and accept the obligations of registered agent. 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 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (10/02) Change ☐ Addition COMPARETTO, MARIO NAME NAME STREET ADDRESS 4647 STONERIDGE TRAIL STREET ADDRESS CR2E037 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASSATA, FRANK NAME STREET ADDRESS 200 WEST MAIN STREET STREET ADDRESS CITY-ST-ZIP BABYLON NY 11702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCDONOUGH, DONALD NAME STREET ADDRESS 4647 STONERIDGE TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE,

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1/8/

941-359-1800

☐ Change

☐ Addition

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90110 023 ****61.25