

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90075 031 \*\*\*\*61.25

**DOCUMENT # N99000006320**  
 1. Entity Name  
**PALMER PARK PLAZA ASSOCIATION, INC.**

Principal Place of Business <b>8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238</b>	Mailing Address <b>8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238-5439</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6142 CLARK CENTER AVE.</b> Suite, Apt. #, etc.	3. Mailing Address <b>6142 CLARK CENTER AVE.</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34238</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CASSIDY, EUGENE**  
**8588 POTTER PARK DRIVE, SUITE 500**  
**SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6142 CLARK CENTER AVENUE**

City **SARASOTA** FL Zip Code **34238**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CASSIDY, EUGENE 8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PAULMANN, JAMES A 8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BARTH, RICHARD 8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6142 CLARK CENTER AVENUE SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6142 CLARK CENTER AVENUE SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Eugene F. Cassidy **EUGENE F. CASSIDY** **4/17/00** **941-922-3866**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)