

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000006320**

1. Entity Name

PALMER PARK PLAZA ASSOCIATION, INC.

LA

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FILED
Jun 14, 2001 8:00 am
Secretary of State
 05-02-2001 90016 020 ****61.25

48463



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6142 CLARK CENTER AVE SARASOTA FL 34238 US		Mailing Address 6142 CLARK CENTER AVE SARASOTA FL 34238 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1019343			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CASSIDY, EUGENE 6142 CLARK CENTER AVE SARASOTA FL 34238		7. Name and Address of New Registered Agent Name BRYN, M. J. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, STE 2680 City MIAMI FL Zip Code 33131	
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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]* DATE *April 25, 2001*
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, EUGENE 6142 CLARK CENTER AVE SARASOTA FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BARTH, RICHARD C 6142 CLARK CENTER AVENUE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAULMANN, JAMES A 8588 POTTER PARK DRIVE, SUITE 500 SARASOTA FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VE/D TURNER, EDWIN 8588 POTTER PARK DRIVE, STE 500 SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARTH, RICHARD 6142 CLARK CENTER AVE SARASOTA FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, JOSE 8588 POTTER PARK DRIVE STE 500 SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BEFFERT, ELIZABETH C 6142 CLARK CENTER AVENUE SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *[Signature]* DATE: *4/23/01* (941) 922-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)