

8/14

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-14-2001 90020 001 *1,100.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094737

1. Entity Name

PENINSULA PROPERTY HOLDINGS, INC.

Principal Place of Business
McCall
 3100 SOUTH MAGAW ROAD
 ENGLEWOOD FL 34224

Mailing Address
McCall
 3100 SOUTH MAGAW ROAD
 ENGLEWOOD FL 34224

2. Principal Place of Business

3100 South McCall Road
 Suite, Apt. #, etc.

3. Mailing Address

3100 South McCall Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State		City & State		4. FEI Number 65-1102836	Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANICZ, ROBERT
 3100 SOUTH MCCALL ROAD
 ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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

8/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PORTNOY, SIMON	
STREET ADDRESS	1520 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	☐ Delete
NAME	SOLANO, RICHARD	
STREET ADDRESS	1520 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	☐ Delete
NAME	GRANICZ, ROBERT	
STREET ADDRESS	3100 SOUTH MAGAW ROAD - McCall Road	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)