

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113328

1. Entity Name

SIESTA KEY FLORIDA RENTALS, INC.

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90027 034 \*\*\*150.00

C0022367



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1264 NORTH PALM AVENUE SARASOTA FL 34236	Mailing Address 1264 NORTH PALM AVENUE SARASOTA FL 34236
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2. Principal Place of Business 92 AVENUE DAMESSENA Suite, Apt. #, etc.	3. Mailing Address PO BOX 2383 Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34242	Zip 34230
Country SARASOTA	Country SARASOTA

4. FEI Number 65-1059955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent R. CRAIG HARRISON 1605 MAIN STREET SUITE 1111 SARASOTA FL 34236
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSLINGER, ROGER 824 OAKWOOD AVENUE EAST AURORA NY 14052 <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	D ESSLINGER, ARLENE 824 OAKWOOD AVENUE EAST AURORA NY 14052 <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	D DEAR, RICHARD 1264 NORTH PALM AVENUE SARASOTA FL 34236 <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
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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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)