## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan	MENT # P93000 GLE OF SARASOTA, INC.	004677			Secretary 02-26-2002 9012	of Sta	ite	122 AV
Principal Place of Business  905 CATTLEMAN ROAD  SARASOTA FL 34232		Mailing Address 2448 ARAPAHO ST SARASOTA FL 34232						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	El Number <b>65-0379946</b>	<del></del>	plied For	]
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ada	litional	1
	6. Name and Address of Current Re	egistered Agent		7. 1	lame and Address of New Registe		<del>-</del>	1
			Name					1
2448 ARA	Candy Joy Paho St. A Fl 34232		Street Ad	dress (P.O. B	ox Number is Not Acceptable)			-
ONINOUI.	A 1 L 04202	The second secon	City			FL Zip Code	<del></del> _	
SIGNATURE  9. This corp.	e named entity submits this statement for the name of registered agent and contain is eligible to satisfy its Intangible requirement and elects to do so.	title if applicable. (NOTE:	Registered Agent signature FEE IS \$150.00 Fee will be \$55	required when re			O May Be	-
(See crite	ria on back)	Make Check Payabl	e to Department					
11.	OFFICERS AND DI		12.		DITIONS/CHANGES TO OFFICERS	<del></del>		┨ <u></u>
NAME STREET AODRESS CITY-ST-ZIP	P PEHOTA, EDWARD E 2448 ARAPAHO ST. SARASOTA FL 34231	☐ Delete	NAME STREET ADDRESS	2448 A	D E PEHOTA AAPAHO ST OTA, FL. 34231	<b>X</b> Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEHOTIA, CANDY J 2448 ARAPAHO ST. SARASOTA FL 34231	☐ Delete	7171 5	0 5 7		Change	☐ Addition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete -	NAME STREET ADDRESS CITY-ST-ZIP	,	The second secon	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with the lon this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that m	v signature shall ha	e the same l	egal effect as if made under oath: th	nat I am an officer	or director	

SIGNATURE: Daytime Phone #