

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P93000010468

1. Entity Name

LIDO TOWERS VACATION RENTALS, INC.

Principal Place of Business

Mailing Address

1001 BEN FRANKLIN DR.
SARASOTA FL 34236

1001 BEN FRANKLIN DR.
SARASOTA FL 34236-2251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YODER, NANCY J
161 MCKINLEY DR.
SARASOTA FL 34236-2296

Name

Nancy J. Yoder

Street Address (P.O. Box Number is Not Acceptable)

1001 Ben Franklin Drive #100

City

Sarasota

FL

Zip Code

34236

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

Nancy J. Yoder

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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, 2000 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MACKINNON, MICHAEL	
STREET ADDRESS	1355 TANGLEWOOD COURT	
CITY-ST-ZIP	WINDSOR ON 99J2K	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LISTON, DAVID	
STREET ADDRESS	1001 BEN FRANKLIN DRIVE #303	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, RICHARD	
STREET ADDRESS	PO BOX 162, RYLAND RD N/A	
CITY-ST-ZIP	WHITEHOUSE NJ	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DISTASIO, PHYLLIS	
STREET ADDRESS	1001 BEN FRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDERS, THOMAS	
STREET ADDRESS	1009 H JACKSON #2405	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	DASCIENZO, Veronica	<input type="checkbox"/> Delete
NAME	1001 Ben Franklin DR. #302	
STREET ADDRESS	SARASOTA, FL 34236	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Rhoden	
STREET ADDRESS	5808 15th St. W.	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Veronica Dasenzio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

366-6660

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

03-27-2000 90129 006 ***150.00



DO NOT WRITE IN THIS SPACE