

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90002 001 \*\*\*150.00

RECEIVED  
 AV

**DOCUMENT # P93000010468**  
 1. Entity Name  
**LIDO TOWERS VACATION RENTALS, INC.**

Principal Place of Business <b>1001 BEN FRANKLIN DR. SARASOTA FL 34236</b>	Mailing Address <b>1001 BEN FRANKLIN DR. SARASOTA FL 34236</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

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  
**RHODEN, BRUCE**  
**5808 15TH ST W**  
**BRADENTON FL 34207**

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 \_\_\_\_\_ (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, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MACKINNON, MICHAEL</b>
STREET ADDRESS	<b>1355 TANGLEWOOD COURT</b>
CITY-ST-ZIP	<b>WINDSOR ON N9J2K</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ARNOLD, ROSALIE</b>
STREET ADDRESS	<b>9 GOLFVIEW DRIVE</b>
CITY-ST-ZIP	<b>LOGANSPORT IN 46947</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THOMPSON, RICHARD</b>
STREET ADDRESS	<b>PO BOX 162, RYLAND RD N/A</b>
CITY-ST-ZIP	<b>WHITEHOUSE NJ</b>
TITLE	<b>M</b> <input type="checkbox"/> Delete
NAME	<b>RHODEN, BRUCE</b>
STREET ADDRESS	<b>5808 15HT ST. W.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>LANDERS, THOMAS</b>
STREET ADDRESS	<b>1009 H JACKSON #2405</b>
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>DASCENZO, VERONICA</b>
STREET ADDRESS	<b>1001 BEN FRANKLIN DR. #302</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>

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 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: Bruce Rhoden Bruce Rhoden Manager 3/15/02 941-388-5504  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)