

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018780

1. Entity Name

MANAGEMENT CONCEPTS OF SARASOTA COUNTY, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90294 044 ***150.00

Principal Place of Business

5766 BRONX AVE.
STE A
SARASOTA FL 34231

Mailing Address

5766 BRONX AVE.
STE A
SARASOTA FL 34231

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 65-0398617

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBROSE, BARBARA J
5766 BRONX AVE.
STE. A
SARASOTA FL 34231

Name
REED, DANA M.

Street Address (P.O. Box Number is Not Acceptable)
5766 BRONX AVENUE, STE. A

City SARASOTA FL Zip Code 34231

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 *Dana M Reed*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/01

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 \$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 D ☒ Delete
NAME AMBROSE, BARBARA J
STREET ADDRESS 5422 COUNTRY LAKES LANE
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE D ☒ Delete
NAME WALTERS, GAIGE
STREET ADDRESS 5422 COUNTRY LAKES LANE
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE D ☐ Delete
NAME REED, DANA
STREET ADDRESS 1970 MAPLE RD.
CITY-ST-ZIP VENICE FL 34293

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME YOUNG, JANICE A.
STREET ADDRESS 321 LENAIN DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE: *Dana M Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

941-922-5522
Daytime Phone #

CR2E034 (10/00)