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Jan 14 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023294 (9)

1. Corporation Name

SARASOTA BAY HOTEL, INC.



Principal Place of Business

1543 2ND ST.
SARASOTA FL 34236

Mailing Address

1543 2ND ST.
SARASOTA FL 34236-6503

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
02/12/1996

4. FEI Number
65-0398568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1258 N. PALM AVE

2a. Mailing Address

25 1258 N. PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SARASOTA

27 SARASOTA

City & State

City & State

23 FL

28 FL

24 Zip 34236 Country

29 Zip 34236 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, ALAN

1543 2ND ST.

SARASOTA FL 34236

81 Name

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

1258 N. PALM AVE

83

84 City SARASOTA

FL

85 Zip Code 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GITHLER, CHARLES
STREET ADDRESS 1543 2ND ST.
CITY-STATE-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VPD
NAME WILLIS, ALAN
STREET ADDRESS 1543 2ND ST.
CITY-STATE-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE CD
NAME DURBIN, JAMES E
STREET ADDRESS 143 ANCHOR DR.
CITY-STATE-ZIP VERO BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VPD
NAME DURBIN, JEAN C
STREET ADDRESS 143 ANCHOR DR.
CITY-STATE-ZIP VERO BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VPD
NAME BAKER, THOMAS G
STREET ADDRESS 1420 BEVERLY RD., SUITE 330
CITY-STATE-ZIP MCLEAN VA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D
NAME SABA, WILLIAM A
STREET ADDRESS 1390 MAIN ST., SUITE 820
CITY-STATE-ZIP SARASOTA FL 34236

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURES REQUIRED

1/18/97

CR2E034 (9/96)