

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091803

1. Entity Name

PLACIDA PERICO BAY, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90130 030 \*\*\*150.00

Principal Place of Business

Mailing Address

5370 GULF OF MEXICO DRIVE  
STE 208  
LONGBOAT KEY FL 34228

5370 GULF OF MEXICO DRIVE  
STE 208  
LONGBOAT KEY FL 34228-2047

2. Principal Place of Business

3. Mailing Address

1543 2ND ST.

1543 2ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

SUITE 102

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34236

U.S.

34236

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREUER, ELIZABETH A.  
5370 GULF OF MEXICO DRIVE  
STE 208  
LONGBOAT KEY FL 34228

Name

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

1543 2ND ST.

SUITE 102

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

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BREUER, ELIZABETH A.	
STREET ADDRESS	5370 GULF OF MEXICO DR STE 208	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHACKLETT, SHARON A	
STREET ADDRESS	5370 GULF OF MEXICO DR STE 208	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1543 2ND ST. SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1543 2ND ST. SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*Elizabeth A. Breuer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

941-952-0533

Date

Daytime Phone #

ELIZABETH A. BREUER

CR2E034 (9/99)