

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093777

1. Entity Name

SUNCOAST PROPERTIES OF VENICE, INC.

Principal Place of Business

321 WINFIELD WAY
NOKOMIS FL 34275

Mailing Address

321 WINFIELD WAY
NOKOMIS FL 34275

2. Principal Place of Business

1822 Flametree Ln

Suite, Apt. #, etc.

3. Mailing Address

1822 Flametree Ln

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice FL

Zip

34293

Country

Sarasota

Zip

34293

Country

Sarasota

4. FEI Number

59-3286635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEURS, BRIAN R
321 WINFIELD WAY
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

Meurs, Brian R

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

1822 Flametree Ln

City

Venice

FL

Zip Code

34293

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.

(NOT

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
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

TITLE ☐ Delete
NAME D
STREET ADDRESS MEURS, BRIAN R
CITY-ST-ZIP 321 WINFIELD WAY
NOKOMIS FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Meurs, Brian R
CITY-ST-ZIP 1822 Flametree Ln
Venice, FL 34293

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

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

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - R DIRECTOR

Date

Daytime Phone #

5/22/01

941-492-4539



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)