

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034614

1. Entity Name

SIESTA HARBOR REALTY CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90002 030 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6289 MIDNIGHT PASS ROAD SARASOTA FL 34242	6289 MIDNIGHT PASS ROAD SARASOTA FL 34242-2324

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	65-0578137	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF P.A. 630 SO. ORANGE AVENUE SARASOTA FL 34236

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 _____
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	
TITLE	<input type="checkbox"/> Delete
NAME	LARMER, RICHARD J
STREET ADDRESS	1250 NO. PORTOFINO DRIVE
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	YATES, JIMMIE
STREET ADDRESS	1215 SO. PORTOFINO DR
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	KAUFFMANN, PETER C
STREET ADDRESS	2808 COVENTRY WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	GRAHAM, ART
STREET ADDRESS	1531 WATERFORD DR
CITY-ST-ZIP	VENICE FL 34292
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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: RICHARD J. LARMER 0322 00 944-349-2949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)