

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90128 044 ***150.00

DOCUMENT # P95000073907

1. Entity Name
RENAISSANCE PLAZA, INC.

Principal Place of Business Mailing Address
1843 LOMA LINDA ST
SARASOTA FL 34239
US

2. Principal Place of Business 3. Mailing Address
2831 RINGLING BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
204-B

City & State City & State
SARASOTA, FLORIDA

Zip Country Zip Country
34237 USA

4. FEI Number **65-0616773** 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

PATTERSON, JOHN
46 NORTH WASHINGTON BLVD.
1
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 Delete
 NAME **DP JAMES, DENNIS**
 STREET ADDRESS **1391 6TH ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS MENCHINGER, MARIANNE K.**
 STREET ADDRESS **1843 LOMA LINDA ST**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT MENCHINGER, THOMAS A.**
 STREET ADDRESS **2831 RINGLING BLVD #204B**
 CITY-ST-ZIP **SARASOTA FL 34237**

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

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: _____
 SIGNATURE OF REGISTERED AGENT OR DIRECTOR

(941) 366-5646

7/18/02

Daytime Phone #

CR2E034 (4/02)

Attachment P95000073907
122055

July 16, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please accept the enclosed \$150.00 filing fee for Renaissance Plaza, Inc., Document #P95000073907. This is the first notice that the Corporation has received. Please note that I am the Treasurer of the Corporation and have completed the mailing address change on the report form so that subsequent notices will be sent directly to me.

Thank you for your help and consideration in this matter.

Sincerely,



Thomas A. Menchinger, Treasurer
Renaissance Plaza, Inc.