

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007916

1. Entity Name

PLACIDA ARBOR GREENE, INC.

Principal Place of Business

5370 GULF OF MEXICO DRIVE
STE 208
LONGBOAT KEY FL 34228

Mailing Address

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

2. Principal Place of Business

1543 2ND ST.

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA FL

Zip

34236

Country

U.S.

3. Mailing Address

1543 2ND ST.

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA FL

Zip

34236

Country

U.S.

6. Name and Address of Current Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	PELSERS, HENNY	
STREET ADDRESS	ALEXANDER BATTALAN 40 6221 CE	
CITY-ST-ZIP	MAASTRICHT, HOLLAND	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BREUER, ELIZABETH A.	
STREET ADDRESS	5370 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHACKLETT, SHARON A	
STREET ADDRESS	5370 GULF OF MEXICO DRIVE	
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		

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	1543 2ND ST. SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1543 2ND ST. SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPEL, MARTIN DAVID	
STREET ADDRESS	28-30 THE PARADE ST. HELIER JERSEY	
CITY-ST-ZIP	CHANNEL ISLANDS UK JE4-BXY	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. BREUER

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

04-24-2000 90130 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0652529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

4/14/00 941-952-0533

Date

Daytime Phone #