

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051033

1. Entity Name

SIESTA PARASAIL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90089 033 ***165.00

Principal Place of Business

CB SALTWATER OUTFITTERS
1249 STICKNEY PT RD.
SARASOTA FL 34242

Mailing Address

~~6449 BEECHWOOD AVENUE~~
~~SARASOTA FL 34231-3808~~
6526 Peacock Rd
Sarasota FL 34242

2. Principal Place of Business

1249 Stickney Pt Rd

3. Mailing Address

6526 Peacock Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34242

USA

34242

USA

6. Name and Address of Current Registered Agent

NORTHERN, ANITA L
~~6449 BEECHWOOD AVENUE~~
~~SARASOTA FL 34231~~

6526 Peacock Rd
Sarasota FL 34242

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	P	<input type="checkbox"/> Delete
NAME	NORTHERN, GREG	
STREET ADDRESS	6449 BEECHWOOD AVE <i>6526 Peacock Rd</i>	
CITY - ST - ZIP	SARASOTA FL <i>Sarasota FL 34242</i>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NORTHERN, ANITA	
STREET ADDRESS	6449 BEECHWOOD AVE.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORTHERN, ANITA L	
STREET ADDRESS	6449 BEECHWOOD AVE <i>6526 Peacock Rd</i>	
CITY - ST - ZIP	SARASOTA FL <i>Sarasota FL 34242</i>	
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		

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
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STREET ADDRESS	
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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:

Anita L Northern *4-18-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #