

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90183 046 ***558.75

DOCUMENT # P96000056635

1. Entity Name

SOMERSET AT TURTLE ROCK, INC.

Principal Place of Business

7711 HOLIDAY DR
 SARASOTA FL 34231

Mailing Address

7711 HOLIDAY DR
 SARASOTA FL 34231-5313

2. Principal Place of Business

5009 Business Blvd.

3. Mailing Address

5009 Business Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

36-5068520

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D
2033 MAIN ST
STE 303
SARASOTA FL 34237

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	PD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, LELAND C	
STREET ADDRESS	7711 HOLIDAY DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIE, CECELIA	
STREET ADDRESS	7711 HOLIDAY DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUNN, BRIAN	
STREET ADDRESS	7711 HOLIDAY DR	
CITY-ST-ZIP	SARASOTA FL 33981	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNIHAN, DAVID	
STREET ADDRESS	7711 HOLIDAY DR	
CITY-ST-ZIP	SARASOTA FL 33981	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wetherington, Leland C.	
STREET ADDRESS	5009 Business Blvd.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	VV/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davie, Cecelia	
STREET ADDRESS	5009 Business Blvd.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunihan David	
STREET ADDRESS	5009 Business Blvd.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Menke, Wendell	
STREET ADDRESS	5009 Business Blvd.	
CITY-ST-ZIP	Sarasota, FL 34240	
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

April 28, 2000 (941)922-3480

Date

Phone 205