

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90202 025 ***158.75

DOCUMENT # P96000056635

1. Entity Name

SOMERSET AT TURTLE ROCK, INC.

Principal Place of Business

**5009 BUSINESS BLVD
 SARASOTA FL 34240**

Mailing Address

**5009 BUSINESS BLVD
 SARASOTA FL 34240**

2. Principal Place of Business

6009 Business Blvd.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6009 Business Blvd.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-5068520**

Applied For

Not Applicable

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, 2001 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 **PC** ☐ Delete
 NAME **WETHERINGTON, LELAND C**
 STREET ADDRESS **5009 BUSINESS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **VST** ☐ Delete
 NAME **DAVIE, CECILIA**
 STREET ADDRESS **5009 BUSINESS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **V** ☐ Delete
 NAME **HAGER, WILLIAM B**
 STREET ADDRESS **5009 BUSINESS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6009 Business Blvd**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6009 Business Blvd.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6009 Business Blvd.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Wetherington

Date

March 8, 2001

Daytime Phone #

922-3480

CR2E034 (10/00)