

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90065 024 \*\*\*150.00

**DOCUMENT # P97000002445**

1. Entity Name

**SARASOTA COMMERCIAL MANAGEMENT, INC.**

Principal Place of Business

1290 NORTH PALM AVENUE  
 SARASOTA FL 34236

Mailing Address

1290 NORTH PALM AVENUE  
 SARASOTA FL 34236

2. Principal Place of Business

1937 Golf St.

3. Mailing Address

1937 Golf Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

SARASOTA FL

4. FEI Number

65-0729267

Applied For

Not Applicable

Zip

Country

34236

USA

Zip

Country

34236

SARASOTA USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, MINDY K  
 1290 N. PALM AVE.  
 SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

1937 Golf Street

City

Sarasota

FL

Zip Code

34236

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

*Mindy K Parker*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME PARKER, MINDY K  
 STREET ADDRESS 1290 NORTH PALM AVENUE  
 CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ Change ☐ Addition  
 NAME 1937 Golf St  
 STREET ADDRESS SARASOTA, FL 34236  
 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Mindy K Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01

Date

941-954-4044

Daytime Phone #

CR2E034 (10/00)