

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073483

1. Entity Name

SIESTA INVESTMENT RENTALS, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90103 003 ***150.00

Principal Place of Business

OCEAN BLVD.
109B
SIESTA KEY FL 34242

Mailing Address

5053 OCEAN BLVD
BOX 109B
SARASOTA FL 34242-1607
US

00063298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5053 Ocean Blvd
Suite, Apt. #, etc.
Box 109 B
City & State
Siesta Key Fla.
Zip
34242 Country
USA

3. Mailing Address

5053 Ocean Blvd
Suite, Apt. #, etc.
Box 109 B
City & State
Siesta Key Fla.
Zip
34242 Country
USA

4. FEI Number 65-0777420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN ESQ.
1343 MAIN STREET
SUITE 204
SARASOTA FL 34236

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] Leave the Same. 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
NAME PSD
STREET ADDRESS THURSTON, BEN F SR
CITY-ST-ZIP 5053 OCEAN BLVD-BOX-109B
SARASOTA FL 34242

TITLE
NAME T
STREET ADDRESS LYNN, CATHIE
CITY-ST-ZIP 5053 OCEAN BLVD-BOX 109B
SARASOTA FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000
Date

Daytime Phone #

CR2E034 (9/99)