

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092552

1. Entity Name

SIESTA SUN DEVELOPMENT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90032 010 ***550.00

Principal Place of Business

4487 GLEBE FARM ROAD
SARASOTA FL 34235

Mailing Address

4487 GLEBE FARM ROAD
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

5053 OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 111

City & State

City & State

SARASOTA, FLORIDA

Zip

Country

Zip

Country

34242

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0790764

Applied For

Not Applicable

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

NEWTON, MATT DAVID
4487 GLEBE FARM ROAD
SARASOTA FL 34235

Name

~~MR. ANDREW CLAYTON, JR., ESQ.~~

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

~~1800 SECOND STREET~~

~~SUITE 88~~

City

~~SARASOTA~~

PL

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWTON, MATT DAVID
4487 GLEBE FARM ROAD
SARASOTA FL 34235

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

TITLE ☐ Delete
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:

MATT DAVID NEWTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

SEP 12, 2000

Date

813-973-2133

Daytime Phone #

CR2E034 (5/00)