

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90026 045 \*\*\*150.00

DOCUMENT # P98000000441

1. Entity Name

MANAGEMENT SERVICES OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~6150 TURNBURY PARK DR~~

~~6150 TURNBURY PARK DR~~

~~3305~~

~~3305~~

~~SARASOTA FL 34243~~

~~SARASOTA FL 34243~~

US

US

2. Principal Place of Business

6921 ARBOR OAKS CT.

3. Mailing Address

6921 ARBOR OAKS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

Zip

34209-7400

Country

USA

Zip

34209-7400

Country

USA

4. FEI Number

65-0803140

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

GIL, EDITO M JR

~~6150 TURNBURY PARK DR~~

~~SARASOTA FL 34243~~

Name

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

6921 ARBOR OAKS CT.

City

BRADENTON

FL

Zip Code

34209-7400

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	EVERITT, SUSAN E	
STREET ADDRESS	<del>1032 ROSEWOOD LANE</del>	
CITY-ST-ZIP	MOUNT PLEASANT SC 29464	
TITLE	<del>TSD</del>	<input type="checkbox"/> Delete
NAME	GIL, EDITO M JR	
STREET ADDRESS	<del>6150 TURNBURY PARK DR SUITE 5305</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34243</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIL, ISABEL R	
STREET ADDRESS	4542 DEKALB AVE	
CITY-ST-ZIP	JAX FL 32207	
TITLE	<del>VB</del>	<input type="checkbox"/> Delete
NAME	GIL, KATHY D	
STREET ADDRESS	<del>6150 TURNBURY PARK DR STE 3305</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34243</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1025 ROSEWOOD LANE	
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6921 ARBOR OAKS CT.	
CITY-ST-ZIP	BRADENTON, FLORIDA 34209-7400	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6921 ARBOR OAKS CT.	
CITY-ST-ZIP	BRADENTON, FLORIDA 34209-7400	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK D. ALDERMAN, SR.	
STREET ADDRESS	3273 NEW BERLIN RD.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32226	
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 supplementary 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:

*EDITO M. GIL, JR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01  
Date

(941) 376-0173  
Daytime Phone #

CR2E034 (10/00)