

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005767

1. Entity Name

PREMIER HOMES OF SARASOTA, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90118 015 ***150.00

Principal Place of Business

Mailing Address

~~200 S WASHINGTON BLVD. STE 9~~
~~SARASOTA FL 34236~~

~~200 S WASHINGTON BLVD. STE 9~~
~~SARASOTA FL 34236-6367~~

2. Principal Place of Business

10601 CORTEZ RD. W.

3. Mailing Address

10601 CORTEZ RD W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

Ste A

City & State

Bradenton FL

City & State

Bradenton, FL

Zip

34210

Country

USA

Zip

34210

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806089

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

BANCROFT, JOHN

~~2113-A SOUTHVIEW AVE~~

~~TAMPA FL 33606~~

Name

BANCROFT, JOHN

Street Address (P.O. Box Numbers Not Acceptable)

5301 19TH ST. E

City

ELLENTON

FL

Zip Code

34222

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

4/10/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME BANCROFT, JOHN
STREET ADDRESS ~~2113-A SOUTHVIEW AVE~~
CITY-ST-ZIP ~~TAMPA FL 33606~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5301 19TH ST. E.
CITY-ST-ZIP ELLENTON, FL 34222

TITLE ☐ Delete
NAME BANCROFT, COLETTE
STREET ADDRESS ~~2113-A SOUTHVIEW AVE~~
CITY-ST-ZIP ~~TAMPA FL 33606~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5301 19TH ST. E.
CITY-ST-ZIP ELLENTON, FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

4/10/2000

Daytime Phone #

CR2E034 (9/99)