

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030770

1. Entity Name

SARASOTA BAY INVESTMENTS, INC.

02-15-2000 90051 039 ***150.00

P98000030770

SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY -8 AM 8:31

Principal Place of Business

2033 MAIN STREET
SUITE 303
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET
SUITE 303
SARASOTA FL 34237-6049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0825712

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

SABA, RICHARD D
2033 MAIN ST, STE 303
SARASOTA FL 34237

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, 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, 2000 Fee will be \$350.00
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	D	<input type="checkbox"/> Delete
NAME	MARTEL, DOUGLAS	
STREET ADDRESS	100 WALLACE AVE, STE 205	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEL, Douglas R.	
STREET ADDRESS	675 MARNING DAVE DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP, SAC, TRACER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRY SEIGEL	
STREET ADDRESS	610 BOWSPRIT LANE	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	Suzette Seigel (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	610 BOWSPRIT LANE	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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]
Douglas R. Martel
PRESIDENT

2/10/00 (941) 952-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)