2000 UNIFORM BUSINESS REPORT (UBR)

May 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000066595** THE RENAISSANCE ON SAND KEY, INC. 05-07-2000 90001 025 ***150.00 Mailing Address Principal Place of Business 111 SECOND AVE. NE. STE. 700 111 SECOND AVE. NE. STE. 700 ST.PETERSBURG FL 33701-3441 ST.PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3523181 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COWAN, ALLEN D Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVE. NE, STE. 700 ST.PETERSBURG FL 33701 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees f (See criteria on back) . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE TITLE Delete **BATTAGLIA, ANTHONY S** NAMÉ NAME STREET ADDRESS STREET ADDRESS 980 TYRONE BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Addition Change ☐ Defete TITLE TITLE CODOMO, SAM L NAME NAME STREET ADDRESS 724 PASADENA AVE. SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST.PETERSBURG FL 33707 ☐ Change ☐ Addition TITLE Delete TITLE CORMAN, DAVID B NAME NAME STREET ADDRESS STREET ADDRESS 403 MOUNTAIN VIEW DR. CITY-ST-ZIP **BOULDER CO 80302** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE COWAN, ALLEN D NAME NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVE. NE, STE. 700 CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG FL 33701 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GERAHIAN, LAWRENCE K NAME NAME STREET ADDRESS STREET ADDRESS 111 SECOND AVE. NE, STE. 700 CITY-ST-7IP CITY-ST-ZIP ST.PETERSBURG FL 33701 ☐ Addition ☐ Change D ☐ Defete TITLE TITLE UNGER, TIMOTHY J NAME NAME STREET ADDRESS STREET ADDRESS 4200 TEXAS COMMERCE TOWER CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77002** 13. Thereby certify that the information supplied with this filling 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

(127)895-1195

Daylime Phone #

FILED