

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000101875**

1. Entity Name

THE LANDINGS OF SARASOTA, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90134 014 ***150.00

Principal Place of Business

**2915 SOUTH LOCHVERNESS POINT
INVERNESS FL 34450**

Mailing Address

**2915 SOUTH LOCHVERNESS POINT
INVERNESS FL 34292-2414**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2702 Norwood Ln

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34292

Country

USA

Zip

Country

4. FEI Number

59-3549566

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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 \$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

TITLE **PTS** ☐ Delete
NAME **GRAY, STEVEN L**
STREET ADDRESS **2915 SOUTH LOCHVERNESS POINT**
CITY-ST-ZIP **INVERNESS FL 34450**TITLE **VP** ☐ Delete
NAME **GRAY, DEBRA**
STREET ADDRESS **2915 SOUTH LOCHVERNESS POINT**
CITY-ST-ZIP **INVERNESS FL 34450**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☒ Change ☐ Addition
NAME **Gray Steven L**
STREET ADDRESS **2702 Norwood Ln**
CITY-ST-ZIP **Venice FL 34292**TITLE ☐ Change ☐ Addition
NAME **same**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Daytime Phone #