

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90063 018 ***150.00

DOCUMENT # P99000006939

1. Entity Name
SARASOTA EIGHT, INC.



Principal Place of Business
8507 S. TAMiami TRL
SARASOTA FL 34238

Mailing Address
4712 WHITE TAIL LANE
SARASOTA FL 34238

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1447 PEREGRINE PT DR.

City & State

City & State
SARASOTA FL

Zip

Country

Zip
34231

Country
SAR

4. FEI Number 59-3556828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROCCA, JOHN A
1447 PEREGRINE PT. DR.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name **MARI E. KOERNER TUCCI**
Street Address (P.O. Box Number is Not Acceptable)
1447 PEREGRINE PT DR.
City **SARASOTA FL** Zip Code **34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mari E. Koerner Tucci*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TUCCI KOERNER, MARI E.**
STREET ADDRESS **1447 PEREGRINE PT. DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VPT** ☐ Delete
NAME **TUCCI, ALEXANDER**
STREET ADDRESS **1447 PEREGRINE PT. DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

1/19/03

Date

941 925-9520

Daytime Phone #

CR2E034 (10/02)