

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086243

1. Entity Name

SARASOTA LIFESTYLES II, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90053 004 ***150.00

Principal Place of Business

Mailing Address

1423 KIMLIRA LANE
 SARASOTA FL 34231

1423 KIMLIRA LANE
 SARASOTA FL 34231-3201

2. Principal Place of Business

1343 MAIN STREET
 Suite 302

3. Mailing Address

1343 MAIN STREET
 Suite 302

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0951641

Applied For

Not Applicable

Zip

34236

Country

U.S.

Zip

34236

Country

U.S.

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

BROWN, THOMAS
 1423 KIMLIRA LANE
 SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

1343 MAIN STREET

Suite 302

City

SARASOTA

FL

Zip Code

34236

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]

Thomas E. Brown

4/21/00

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.

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 D BROWN, THOMAS
 STREET ADDRESS 1423 KIMLIRA LANE
 CITY-ST-ZIP SARASOTA FL 34231

TITLE Change Addition
 NAME
 STREET ADDRESS 1343 MAIN STREET Suite 302
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 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]

Thomas E. Brown 4/21/00 (941)365-7334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)