## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 02, 2001 8:00 am DOCUMENT # P99000106616 **Secretary of State** 1. Entity Name SIESTA HOLDING IN TRUST, INC. 03-02-2001 90037 026 \*\*\*150.00 Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD. 46 N. WASHINGTON BLVD. SUITE 24 SUITE 24 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 5151 OCEAN 3. Mailing Address SISI OCEAN Bivn BIVO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number APPLIED FOR APVASUTA SAIDASVIA Not Applicable Country Country USA \$8.75 Additional 5. Certificate of Status Desired 34242 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLE, R. JOHN II,ESQ. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITÉ 24 SARASOTA FL 34236 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Change Addition TITLE ☐ Delete MUENCH, MARK NAME NAME STREET ADDRESS STREET ADDRESS 2601 S 25TH AVE CITY-ST-7IP CITY-ST-7IP **BROADVIEW IL 60156** TITLE ☐ Delete TITLE Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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