

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90048 009 ***150.00

DOCUMENT # P99000108629

1. Entity Name

PALACE PARTNERS OF SARASOTA, INC.

Principal Place of Business

**1343 MAIN ST., 7TH FLOOR
 SARASOTA FL 34236**

Mailing Address

**1343 MAIN ST., 7TH FLOOR
 SARASOTA FL 34236**

2. Principal Place of Business

1 South School Ave.

3. Mailing Address

1 South School Ave.

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34237

Country

USA

Zip

34237

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MATZKIN, STEVEN R
 1343 MAIN ST., 7TH FLOOR
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Matzkin, Steven R

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

1 South School Avenue, Ste 1000

City

SARASOTA,

FL

Zip Code

34237

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	MATZKIN, STEVEN R	
STREET ADDRESS	1343 MAIN ST., 7TH FLOOR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	<input type="checkbox"/> Delete
NAME	MATZKIN, STEVE	
STREET ADDRESS	15 SCHOOL AVE. STE 1000	
CITY-ST-ZIP	SARASOTA FL 34237-6046	
TITLE	O	<input type="checkbox"/> Delete
NAME	OLAN, MITCHELL	
STREET ADDRESS	15 SCHOOL AVE. STE 1000	
CITY-ST-ZIP	SARASOTA FL 34237-6046	
TITLE	O	<input type="checkbox"/> Delete
NAME	CORONA, DENNIS	
STREET ADDRESS	15 SCHOOL AVE. STE 1000	
CITY-ST-ZIP	SARASOTA FL 34237-6064	
TITLE	O	<input type="checkbox"/> Delete
NAME	VICK, MAC	
STREET ADDRESS	P.O. BOX 6119	
CITY-ST-ZIP	SARASOTA FL 34278	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	CORONA, DENNIS	
STREET ADDRESS	1343 MAIN ST 7TH FL	
CITY-ST-ZIP	SARASOTA FL 34236	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Matzkin, Steve	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 South School Ave, Ste 1000	
STREET ADDRESS	SARASOTA, FL 34237-6046	
CITY-ST-ZIP		
TITLE	OLAN, Mitchell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 South School Ave, Ste 1000	
STREET ADDRESS	SARASOTA, FL 34237-6046	
CITY-ST-ZIP		
TITLE	Corona, Dennis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 South School Ave, Ste 1000	
STREET ADDRESS	SARASOTA, FL 34237-6046	
CITY-ST-ZIP		
TITLE	Vick, mac	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 6119	
STREET ADDRESS	SARASOTA, FL 34278	
CITY-ST-ZIP		
TITLE	Corona, Dennis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 South School Ave, Ste. 1000	
STREET ADDRESS	SARASOTA, FL 34237-6046	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)