

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90131 025 \*\*\*150.00

**DOCUMENT # P99000108629**

1. Entity Name

**PALACE PARTNERS OF SARASOTA, INC.**



Principal Place of Business

**1 SOUTH SCHOOL AVE  
STE 1000  
SARASOTA FL 34237**

Mailing Address

**1 SOUTH SCHOOL AVE  
STE 1000  
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0969889**

Applied For

Not Applicable

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

**MATZKIN, STEVEN R**

**1 SOUTH SCHOL AVD STE 1000  
SARASOTA FL 34236**

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

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MATZKIN, STEVE</b>	
STREET ADDRESS	<b>1 SOUTH SCHOOL AVENUE STE 1000</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237-6046</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLAN, MITCHELL</b>	
STREET ADDRESS	<b>1 SOUTH AVENUE STE 1000</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237-6046</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORONA, DENNIS</b>	
STREET ADDRESS	<b>15 SCHOOL AVE. STE 1000</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237-6064</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VICK, MAC</b>	
STREET ADDRESS	<b>1 SOUTH AVENUE STE 1000</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34278</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORONA, DENNIS</b>	
STREET ADDRESS	<b>1 SOUTH AVENUE STE 1000</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Jaren Levitt</b>	
STREET ADDRESS	<b>Stone Treno International, Inc.</b>	
CITY-ST-ZIP	<b>6244 CLARK CENTER AVE, Bldg. 3 SARASOTA, FL 34238</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Rick St. George</b>	
STREET ADDRESS	<b>692 OAK CREEK COURT</b>	
CITY-ST-ZIP	<b>OSPREY, FL 34229</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. David Berger</b>	
STREET ADDRESS	<b>ATHCO</b>	
CITY-ST-ZIP	<b>1009 Tallevast Rd, Sarasota, FL 34243</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mr. Sam Logan</b>	
STREET ADDRESS	<b>4032 Red Rock Ln.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231-3543</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dental Care Alliance</b>	
STREET ADDRESS	<b>1 S. School Ave, Ste. 1000</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)