

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90031 013 ***150.00

DOCUMENT # V06530

1. Entity Name

RENAISSANCE CORPORATION OF SARASOTA

Principal Place of Business

**378 GOLDEN GATE PT
 STE 7
 SARASOTA FL 34236
 US**

Mailing Address

**378 GOLDEN GATE PT
 STE 7
 SARASOTA FL 34236
 US**

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

65-0331964

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

**MCCALLUM, DALE A
 378 GOLDEN GATE PT
 #7
 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.

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, 2001 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. Change Addition

TITLE	DP	<input type="checkbox"/> Delete
NAME	KOONTZ, ROBERT L.	
STREET ADDRESS	378 GOLDEN GATE PT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, NATALIE	
STREET ADDRESS	378 GOLDEN GATE PT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCALLUM, DALE	
STREET ADDRESS	378 GOLDEN GATE PT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHN, PAUL R.	
STREET ADDRESS	378 GOLDEN GATE PT	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale A. McCallum **DALE A. MCCALLUM**

Date

1-31-2001

Daytime Phone #

941-3669686

CR2E034 (10/00)