2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED **DOCUMENT # V11409** Feb 15, 2000 8:00 am 1. Entity Name POLO RANCHES OF SARASOTA, INC. **Secretary of State** 02-15-2000 90051 011 ***158.75 Principal Place of Business Mailing Address 2550 LORRAINE ROAD Z550_LORRAINE ROAD **BRADENTON FL 34202 BRADENTON FL 34202-9778** 3. Mailing Address 2. Principal Place of Business Suite, Apt. # etc. 6215 Lovenin Rink DO NOT WRITE IN THIS SPACE 6715 LUMINIC BINI Applied For 4. FEI Number 65-0329191 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 7550 LORRAINE RD **BRADENTON FL 34202** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Addition Delete CLARKE, JOHN C NAME NAME 6215 Gerraine Read 7550-LORRAINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** VILL PROSIDEN ☐ Addition ☐ Delete TITLE TITLE MORRIS, CLIVE NAME NAME 6215 Lurain Real 7550 LORRAINE RD. STREET ADDRESS STREET ADDRESS Secty Treasurer Change Addition Anthory of Chivealo, 6215 Lurrain Road Braden Tor FL 141-7 Change Addition CITY_ST-7IP CITY-ST-ZIP **BRADENTON FL** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE 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 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. or Chiufall V.P 2/5/11 9745