

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59741

1. Entity Name

MIRAMAR BEACH APARTMENTS, INC.

Principal Place of Business

92 AVENIDA MESSINA
SARASOTA, FL 34242

Mailing Address

92 AVENIDA MESSINA
SARASOTA, FL 34242-2053

RUESEWALD

MIRA MAR APTS
4411 BEE RIDGE RD. #155
SARASOTA, FL USA 34233

#3708

00046330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MIRA MAR B. APTS.

MIRA MAR B. APTS.

4411 BEE RIDGE RD.

4411 BEE RIDGE RD. #155

SARASOTA, FL #155

SARASOTA, FL

Zip 34233

Zip 34233

4. FEI Number 65-0353287

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUESEWALD, MARY ANN
98 AVENIDA MESSINA
SARASOTA FL 34242

Name

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

MIRA MAR APTS

4411 BEE RIDGE RD. #155

City

SARASOTA

FL

Zip Code

34233

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 the following)

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 \$160.00
After MAY 1, 2000 Fee will be \$150.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
RUESEWALD, MARY ANN
98 AVENIDA MESSINA
SARASOTA FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
RUESEWALD, MARY ANN
4411 BEE RIDGE RD. #155
SARASOTA, FL 34233

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TITLE
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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, 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

DATE

USE AND PHONE #

MaryAnn Ruesswald

4/19/2000 349-6800