

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746257

1. Entity Name

LIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business

1001 BEN FRANKLIN DR  
SARASOTA FL 34236

Mailing Address

1001 BEN FRANKLIN DR  
SARASOTA FL 34236-2251

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

59-2013730

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

DASCENZO, VERONICA  
1001 BEN FRANKLIN DR  
#302  
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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME DASCENZO, VERONICA  
STREET ADDRESS 1001 BEN FRANKLIN DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MACKINNON, MICHAEL  
STREET ADDRESS 1355 TANGLEWOOD COURT  
CITY-ST-ZIP WINDSOR ON N9J2K

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME LISTON, DAVID  
STREET ADDRESS 1001 BEN FRANKLIN DRIVE #303  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LANDERS, THOMAS  
STREET ADDRESS 1009 N JACKSON #2405  
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THOMPSON, DICK  
STREET ADDRESS P.O. BOX 162 RYLAND ROAD  
CITY-ST-ZIP WHITEHOUSE NJ 08888

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME FARR, ARTHUR  
STREET ADDRESS 583 LAKE FOREST DRIVE  
CITY-ST-ZIP BAY VILLAGE OH 44140

TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED  
Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90014 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)