

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743852

1. Entity Name

222 BEACH ROAD OWNERS ASSOCIATION, INC.

R

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90003 010 ****61.25

Principal Place of Business

2848 PROCTOR ROAD
SARASOTA FL 34231

Mailing Address

2848 PROCTOR ROAD
SARASOTA FL 34231-6444

2. Principal Place of Business

2198 PRINCETON ST.

Suite, Apt. #, etc.

STE #20

3. Mailing Address

2198 PRINCETON ST.

Suite, Apt. #, etc.

STE #20

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

SARASOTA

Zip

34237

Country

SARASOTA

4. FEI Number

59-2054401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER MANAGEMENT SERVICES, INC.
2848 PROCTOR ROAD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

MA-CON INC

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

2198 PRINCETON ST. STE #20

City

SARASOTA

FL

Zip Code

34237

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

Warren Weil

WARREN WEIL

7/28/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORNON, KATHY 222 BEACH RD #7 SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FANKHAUSER, PHILIP 222 BEACH RD #4 SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEENER, CAROLA 222 BEACH ROAD #6 SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAISING, STEPHEN 222 BEACH RD #5 SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIROFF, RICHARD 222 BEACH RD #9 SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carla Fleener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

941-366-8480

Date

Daytime Phone #

CR2E037 (9/99)