

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707544

1. Entity Name

SARASOTA WELFARE HOME, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90006 039 ****61.25

Principal Place of Business

Mailing Address

1501 NORTH ORANGE AVE.
SARASOTA FL 34236

1501 NORTH ORANGE AVE.
SARASOTA FL 34236-2631

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

59-0700567

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

MALTAGHATI, LOUIS
1501 N ORANGE AVE
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 VCD
NAME GOLDBERG, ARTHUR
STREET ADDRESS 940 CALOOSA DRIVE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

TITLE CD
NAME ROSWELL, ROUND E.
STREET ADDRESS 335 BOB WHITE WAY
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE TD
NAME BOYETTE, JAMES E.
STREET ADDRESS 4409 CHIMNEY CREEK
CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete

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

TITLE SD
NAME BOYER, CATHERINE
STREET ADDRESS 4004 BROOKSIDE DRIVE
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE P
NAME MALTAGHATI, LOUIS
STREET ADDRESS 3613 COUNTRYPLACE BLVD
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

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

TITLE V
NAME BOYER, ELAINE M.
STREET ADDRESS 4030 PROCTOR ROAD
CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

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

LOUIS MALTAGHATI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 941-3650250

CR2E037 (9/99)