

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name 707544

Amendment

SARASOTA WELFARE HOME, INC.

FILED

00 MAR 14 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1501 N. ORANGE AVE.
SARASOTA, FL 34236

1501 N. ORANGE AVE.
SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0700567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALTAGHATI, LOUIS
1501 N. ORANGE AVENUE
SARASOTA, FLORIDA 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROUND, ROSWELL
335 BOB WHITE WAY
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003178176-2
-03/21/00-01093-012
*****70.00 *****70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
GOLDBERG, ARTHUR
940 CALOOSA DRIVE
SARASOTA, FL 34234 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BOYER, CATHERINE
4004 BROOKSIDE DRIVE
SARASOTA, FL 34231 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A
WARD, ANN
6645 JARVIS ROAD
SARASOTA, FL 34241 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

941-365-0250

Daytime Phone #

CR2E037 (9/99)