# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2001 8:00 am**
**Secretary of State**
05-17-2001 90378 030 ****61.25

DOCUMENT # 730901

1. Entity Name

SARASOTA COUNTY 4-H FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2900 RINGLING BLVD.<br>SARASOTA FL 34237-5332 | 2900 RINGLING BLVD.<br>SARASOTA FL 34237-5332 |

551146

DO NOT WRITE IN THIS SPACE

| 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 59-1593740 ☐ 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 |
|---|---|
| JOHNSON, ROBERT M.<br>520 GIVENS<br>SARASOTA FL 33578 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | D<br>KAGY, RICHARD<br>1945 RACIMO DRIVE<br>SARASOTA FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GEORGE LIEDL<br>3813 AFTON CIR.<br>SARASOTA FL, 34233 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCLAIN, BILL<br>2218 WOOD ST.<br>SARASOTA FL 34237 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FARRELL, ELVA<br>118 HOLLY AVENUE<br>SARASOTA FL 34243 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JANIE KAGY<br>1945 RACIMO DR<br>SARASOTA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SELLERS, JERRY<br>6235 RAVENWOOD DR<br>SARASOTA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SELLERS, KAREN<br>6235 RAVENWOOD DR<br>SARASOTA FL 34243 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 REQUIRED GEORGE LIEDL 5/1/01 941-739-4355