# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # 733686

1. Entity Name
SOUTH COUNTY FAMILY YMCA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PESUT, SHARON<br>701 CENTER ROAD<br>VENICE FL<br>34292 US | PESUT, SHARON<br>701 CENTER ROAD<br>VENICE FL<br>34292 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| MODZELEWSKI, KENNETH | MODZELEWSKI, KENNETH |
| Suite, Apt. #, etc.: 701 CENTER ROAD | Suite, Apt. #, etc.: 701 CENTER ROAD |
| City & State: VENICE FL | City & State: VENICE FL |
| Zip: 34292 Country: US | Zip: 34292 Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1629660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PESUT SHARON A
701 CENTER ROAD
VENICE FL
34292 US

**7. Name and Address of New Registered Agent**

Name: MODZELEWSKI KENNETH S
Street Address (P.O. Box Number is Not Acceptable): 701 CENTER ROAD
City: VENICE FL Zip Code: 34292

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 KENNETH S. MODZELEWSKI 04/23/2001
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 | VD<br>HANCHEY JEANNETTE<br>400 HANCHEY DRIVE<br>NOKOMIS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CAMPBELL ED<br>442 WEST GATE DRIVE<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BERG DEBBIE<br>P.O. BOX 725<br>VENICE FL 34284 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KEARNEY JOHN<br>3253 MEADOW RUN DRIVE<br>VENICE FL 34293 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTLEY, MICHAEL<br>101 W. VENICE AVENUE<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CVD<br>KLINGBEIL ROBERT<br>341 WEST VENICE AVENUE<br>VENICE FL 34285 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** Robert Klingbeil CVD 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #