

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

007666

DOCUMENT # 769013

1. Entity Name

THE FOUNDATION OF GIRLS INCORPORATED OF SARASOTO

03-13-2001 90110 001 ****61.25

Principal Place of Business

Mailing Address

201 S. TUTTLE AVENUE
 P. O. DRAWER 4195
 SARASOTA FL 34237

201 S. TUTTLE AVENUE
 P. O. DRAWER 4195
 SARASOTA FL 34237

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

59-2429232

Applied For

Not Applicable

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

BERTEAU, JOHN
1500 RINGLING BLVD
SARASOTA FL 33577

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	D	<input checked="" type="checkbox"/> Delete
NAME	FARHAT, MATTHEW	
STREET ADDRESS	1800 2ND ST., #808-27	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWICK, CORNELIA C	
STREET ADDRESS	500 JOHN RINGING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, ROBERT P	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARSOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BADER, PEGGY	
STREET ADDRESS	1610 MAIN ST, STE 1204 BANK/AMERICA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GETZEN, LINDA	
STREET ADDRESS	200 S ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MANCUSO, LYNETTE	
STREET ADDRESS	1776 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE WALLACE	
STREET ADDRESS	1800 2nd AVENUE, Ste 880	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1605 MAIN ST. STE 400 BANK AMERICA	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X Peggy J. Bader* **PEGGY J. BADER** *X 3-8-01 (941) 952-2711*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E097 (10/00)