

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769045

1. Entity Name

THE RETIRED OFFICERS CLUB OF SARASOTA INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90026 021 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1016
SARASOTA FL 34230-1016
US

P.O. BOX 1016
SARASOTA FL 34230-1016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number : 59-3058013

~~59-2061338~~

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

WELCH, ELLIOT J.
4701 PINEHARRIER DRIVE
SARASOTA FL 34231

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** ☒ Delete

NAME **FERNANDER, BOBBIE B**
STREET ADDRESS **5173 FLICKER FIELD CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☐ Delete

NAME **CRAWFORD, GERALD P**
STREET ADDRESS **5911 55TH DR E**
CITY-ST-ZIP **BRADENTON FL 34203-9754**

TITLE **VD** ☒ Delete

NAME **HERTZ, MARTIN**
STREET ADDRESS **4198 OAKHURST CIRCLE WEST**
CITY-ST-ZIP **SARASOTA FL 34240-1424**

TITLE **PD** ☐ Delete

NAME **MILLER, MICHAEL**
STREET ADDRESS **4727 ELDERBERRY DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241-6210**

TITLE **SD** ☐ Delete

NAME **SCOTT, TROY C**
STREET ADDRESS **841 FORESTVIEW COURT**
CITY-ST-ZIP **SARASOTA FL 34232-2455**

TITLE **TD** ☐ Delete

NAME **GORDON, JONATHAN C**
STREET ADDRESS **8208 DEERBROOK CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34238-4382**

TITLE **D** ☐ Change ☒ Addition

NAME **FOSS, GEOFFREY W.**
STREET ADDRESS **3737 Hibiscus Street**
CITY-ST-ZIP **Sarasota, FL 34232-3701**

TITLE ☐ Change ☐ Addition

NAME **HARLOW, DAVID L.**
STREET ADDRESS **7731 Alister MacKenzie Drive**
CITY-ST-ZIP **Sarasota, FL 34240-8708**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ 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 recipient 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 an other like empowered.

SIGNATURE: *Jonathan C Gordon* **Jonathan C Gordon, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 2000 (941) 953-5911

Date

Daytime Phone #

CR2E037 (9/99)