

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 769045**

1. Entity Name

THE RETIRED OFFICERS CLUB OF SARASOTA INC.

Principal Place of Business

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

Mailing Address

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

4. FEI Number

59-3058013

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	FOSS, GEOFFREY W	3737 HIBISCUS ST	SARASOTA FL 34232-3701	☐
VD	CRAWFORD, GERALD P	5911 55TH DR E	BRADENTON FL 34203-9754	☐
VD	HARLOW, DAVID L	7731 ALISTER MACKENZIE DR	SARASOTA FL 34240-8708	☒
PD	MILLER, MICHAEL	4727 ELDERBERRY DRIVE	SARASOTA FL 34241-6210	☒
SD	SCOTT, TROY C	841 FORESTVIEW COURT	SARASOTA FL 34232-2455	☐
TD	GORDON, JONATHAN C	8208 DEERBROOK CIRCLE	SARASOTA FL 34238-4382	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD				☒	☐
SD	ARNDT, KEITH M.	10755 Old Grove Circle	Bradenton, FL 34202-2610	☐	☒
VD	KOACH, JACK H.	3087 Dick Wilson Drive	Sarasota, FL 34240-8735	☐	☒
VD				☒	☐

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: Jonathan C Gordon, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01

Date

(941) 953-5911

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90065 011 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)