

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769045

Entity Name

THE RETIRED OFFICERS CLUB OF SARASOTA INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90170 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 1016  
SARASOTA FL 34230-1016

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

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

P.O. Box 1016

Sarasota, FL

34230-1016

USA

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

Frances P. Rice

Street Address (P.O. Box Number is Not Acceptable)

4594 Chase Oaks Dr.

City

Sarasota

FL

Zip Code

34241-9183

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

Frances P. Rice

Frances P. Rice, Treasurer, 2/3/2002

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 type="checkbox"/> Delete            |
| NAME           | FOSS, GEOFFREY W        |                                            |
| STREET ADDRESS | 3737 HIBISCUS ST        |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34232-3701  |                                            |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | CRAWFORD, GERALD P      |                                            |
| STREET ADDRESS | 5911 55TH DR E          |                                            |
| CITY-ST-ZIP    | BRADENTON FL 34203-9754 |                                            |
| TITLE          | SD                      | <input type="checkbox"/> Delete            |
| NAME           | ARNDT, KEITH M          |                                            |
| STREET ADDRESS | 10755 OLD GROVE CIRCLE  |                                            |
| CITY-ST-ZIP    | BRADENTON FL 34202-2610 |                                            |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KOACH, JACK H           |                                            |
| STREET ADDRESS | 3087 DICK WILSON DRIVE  |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34240-8735  |                                            |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | SCOTT, TROY C           |                                            |
| STREET ADDRESS | 841 FORESTVIEW COURT    |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34232-2455  |                                            |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | GORDON, JONATHAN C      |                                            |
| STREET ADDRESS | 8208 DEERBROOK CIRCLE   |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34238-4382  |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Krautman, Paul R        |                                                                              |
| STREET ADDRESS | 7331 Royal Birkdale Dr. |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34238-2821 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | TD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICE, Frances P         |                                                                              |
| STREET ADDRESS | 4594 Chase Oaks Dr.     |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34241-9183 |                                                                              |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Scott, Troy C.          |                                                                              |
| STREET ADDRESS | Same address            |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Gordon, Jonathan C      |                                                                              |
| STREET ADDRESS | Same address            |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

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 Frances P. Rice 2/3/2002 (941) 922-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)