

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90043 029 ***158.75

DOCUMENT # J35526

1. Entity Name

SARASOTA TROPHY & AWARDS, INC.

Principal Place of Business

% ROBERT J. LEVANTI
6601 SUPERIOR AVE.
SARASOTA FL 34231

Mailing Address

% ROBERT J. LEVANTI
6601 SUPERIOR AVE.
SARASOTA FL 34231

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

59-2726047

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

LEVANTI, ROBERT J.
6601 SUPERIOR AVE.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Levanti, Kenneth R.

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

6601 Superior Avenue

City

Sarasota

FL

Zip Code

34231

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]
Signature, typed or printed name of registered agent and title if applicable.
Kenneth R. Levanti, President

(NOTE: Registered Agent signature required when reinstating)

1-11-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	LEVANTI, KENNETH R.	
STREET ADDRESS	6601 SUPERIOR AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEVANTI, CAROLE A.	
STREET ADDRESS	6601 SUPERIOR AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVANTI, KENNETH R	
STREET ADDRESS	6601 SUPERIOR AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director - Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levanti, Sherree L.	
STREET ADDRESS	6601 Superior Avenue	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	Director - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levanti, Robert J.	
STREET ADDRESS	6601 Superior Avenue	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth R. Levanti

1-11-2002

Date

941.921.4339

Daytime Phone #

CR2E034 (9/01)