

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90127 045 \*\*\*\*61.25

**DOCUMENT # N07975**

1. Entity Name

**SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC**

Principal Place of Business

Mailing Address

P.O. BOX 1754  
 SARASOTA FL 34236-3814

P.O. BOX 1754  
 SARASOTA FL 34230-1754



DO NOT WRITE IN THIS SPACE

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

**59-2551426**

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

**BENNETT, DONALD Y.**  
**1800 SECOND STREET, SUITE 735**  
**SARASOTA FL 34236**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PO	GALLAGHER, CHRISTOPHER	1723 CHEYENNE ST	SARASOTA FL 34231	<input checked="" type="checkbox"/>
VPD	MULDOWNEY, LORRIE	P O BOX 7746 N/A	SARASOTA FL	<input checked="" type="checkbox"/>
SD	ARMSTRONG, DIANE	2540 UNIVERSITY PKY	SARASOTA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Ginger Daniel	5044 High Ave	Sarasota, FL 34242	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Deborah Hoyt-Garnett	2424 Yorkshire Dr.	Sarasota, FL 34231	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Arnold Berner	108th 2589	Sarasota, FL 34276	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/2000 941.924.5224