

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90154 007 ****61.25

DOCUMENT # N07975

1. Entity Name

SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC

Principal Place of Business

P.O. BOX 1754
 SARASOTA FL 34238-3814

Mailing Address

P.O. BOX 1754
 SARASOTA FL 34238-3814

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

Name

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

City

FL

Zip Code

BENNETT, DONALD Y.
1800 SECOND STREET, SUITE 735
SARASOTA FL 34238

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 the 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 PD
 NAME GALLAGHER, CHRISTOPHER
 STREET ADDRESS 1723 CHEYENNE ST
 CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE VPD
 NAME MULDOWNNEY, LORRIE
 STREET ADDRESS P O BOX 7740 N/A
 CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE SD
 NAME ARMSTRONG, DIANE
 STREET ADDRESS 2540 UNIVERSITY PKY
 CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **DANIEL, VIRGINIA D**
 CITY-ST-ZIP **5049 Niguel Ave**
SARASOTA, FL 34242

TITLE ☒ Change ☐ Addition
 NAME **Green, Janice D**
 STREET ADDRESS **1743 South St.**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☒ Change ☐ Addition
 NAME **Sec. Syrona Taska**
 STREET ADDRESS **5311 Proctor Rd**
 CITY-ST-ZIP **SARASOTA - 34233**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

DANIEL, VIRGINIA D **1-17-01** **346-1212**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)