

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90123 010 ****61.25

0083338

DOCUMENT # N14324

1. Entity Name

FOUNDERS CIRCLE OF SARASOTA, INC.

Principal Place of Business

**24 N. CASEY ROAD
OSPREY FL 34229-9704
US**

Mailing Address

**24 N. CASEY ROAD
OSPREY FL 34229-9704
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

59-2719585

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

**SAVARY, JOHNSON S.
1671 S. DR.
SARASOTA FL 34239**

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	PD GRIFFITH, KAREN 1351 N LAKE SHORE DR. SARASOTA FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOWLER, SUE 7306 POINT OF ROCKS RD SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LEE, MURPHY 156 BISHOPS COURT RD OSPREY FL 34229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD GODDARD, MARY BETH 8912 MISTY CREEK DRIVE SARASOTA FL 34241	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WURTS, ROBBIE 3704 SANDSPUR LANE OSPREY FL 34229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUPONT, E.K. 24 N. CASEY KEY RD OSPREY FL 34229	☐ Delete

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

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: E. DUPONT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2001 941-966-4152
Date Daytime Phone #

CR2E037 (10/00)