

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90144 019 ****61.25

DOCUMENT # N14324

1. Entity Name

FOUNDERS CIRCLE OF SARASOTA, INC.

Principal Place of Business

Mailing Address

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

**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 **PD** ☒ Delete
 NAME **GRIFFITH, KAREN**
 STREET ADDRESS **1351 N LAKE SHORE DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PD** ☒ Change ☐ Addition
 NAME **TOWLER, SUE**
 STREET ADDRESS **7306 POINT OF ROCKS RD.**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VPD** ☒ Delete
 NAME **TOWLER, SUE**
 STREET ADDRESS **7306 POINT OF ROCKS RD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **WERFT, SANDY**
 STREET ADDRESS **8004 'MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **RSD** ☒ Delete
 NAME **LEE, MURPHY**
 STREET ADDRESS **158 BISHOPS COURT RD**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **GODDARD, MARY BETH**
 STREET ADDRESS **8912 MISTY CREEK DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **CSD** ☒ Delete
 NAME **GODDARD, MARY BETH**
 STREET ADDRESS **8912 MISTY CREEK DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **RSD** ☒ Change ☐ Addition
 NAME **HERNANDEZ, Mimi**
 STREET ADDRESS **1051 BAYOU PLACE**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VPD** ☒ Delete
 NAME **WURTS, ROBBIE**
 STREET ADDRESS **3704 SANDSPUR LANE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **CSD** ☒ Change ☐ Addition
 NAME **BAILEY, SARA**
 STREET ADDRESS **1387 HARBOR DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **TD** ☐ Delete
 NAME **DUPONT, E.K.**
 STREET ADDRESS **24 N. CASEY KEY RD**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **← SAME** ☐ Change ☐ Addition
 NAME **← SAME**
 STREET ADDRESS **← SAME**
 CITY-ST-ZIP **← SAME**

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 #

CR2E037 (9/01)