## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006094 (4)

## SARASOTA SEMINOLES, INC.

## FILED Mar 11 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		- 1904)(a): 610 (64)) enin enin enin enin esti esti enin enin enin seti iteli enin iteli enin		
1901 GOLD AVENUE SARASOTA FL 34235	1901 GOLD AVENUE SARASOTA FL 34235-	<del>8</del> 119			
			3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21	26		65-6708/75 Not Applica		Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	:.	5. Certificate of Status Desired		Additional
City & State	27 City & State				Required
23	28		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip Cou		Country	8. This corporation has liability for i	- 1,000	· · · · · · · · · · · · · · · · · · ·
24 25	29	30		Yes No	u. 100.00E
	ress of Current Registered Agent		10. Name and Address of New Re	gistered Agent	
		81 Name	mas DIKON	.1	
WILLIAMS, JERRY		82 Street Ac	idress (P.O. Box Num) er is/flot Acceptab		•••••
1268 16TH STREET		190	1 60 CM HIM		
SARASOTA FL 34236		83	edsota Cl		
		84 City		85 Zig	Code
11 Durayant to the provision of Co	actions 617 0500 Feet 617 1500 Florida 6	National III		FL "S	1235
office of registered gent, or bo	oth, in the Sale of Florida, Such change	was authorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing It the appointment a	its registered is registered
agent. I am familiar Aith, and a	ccept the poligations of, Section 617 050	2 Florida Statutes			a <b></b>
SIGNATURE	arrie of registered agent and title if applicable.	(NOTE: Registered Agent elignature rei	rules d'un se coincide de la constante de la c	DATE DATE	7_/
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		BS IN 12
TITLE - THOSE OF LAST	☐ DELETI		ASSITIONO/OFFINALS TO OFFIC	Change	
NAME Thomas	> has n/	1.2 NAME			
STREET ADDRESS	Aue.	1.3 STREET ADDRESS			
CITY-ST-ZIP SARASESTA	F 34235	1.4 CITY-ST-ZIP			
TITLE VICE TOWN	DELETI			☐ Change	Addition
NAME D	idus.	2.2 NAME		- •	
STREET ADDRESS	STEROT	2.3 STREET ADDRESS		,	
CITY-ST-ZIP	24.236	2. 4 CITY - ST-ZIP			
MILL - SECRATARY	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME D CYNDIDI		3.2 NAME	••		
STREET ADDRESS 19016018	Aug _	3.3 STREET ADDRESS			
CITY-ST-ZIP SARASOTA	FC 34235	3.4. CITY - ST - ZIP			
TAILE	DELETE	4.1 TITLE		☐ Change	Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY+ST-ZIP			
TITLE	☐ DELETE			[] Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	The server	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE			Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CHY-ST-ZIP		6.4 City-St-ZiP	ad in Section 119 07/3(ii) Florida Statutas		1.1. 1

4. I do hereby certify that the information supplied with this filing does not goally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 supplemental entry that is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 in a gradule or or an attact ment with an address.

SIGNATURE

ED\_\_

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