2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90019 007 ****61.25

DOCUMENT # N98000002257

1. Entity Name

SHO FU BONSAI SOCIETY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
C/O TOM ZIVIC 8013 56 CT E PALMETTO FL 34221	C/O TOM ZIVIC 8013 56 CT E PALMETTO FL 34221-9156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O Kevin Jeffers	C/O Kevin Jeffers
Suite, Apt. #, etc.: 4716 Larkridge Cir	Suite, Apt. #, etc.: 4716 Larkridge Cir
City & State: Sarasota FL 34233-1729	City & State: Sarasota FL 34233-1729
Zip / Country	Zip / Country

4. FEI Number: 59-3583734 ☐ 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
ZIVIC, TOM 8013 56 CT EAST PALMETTO FL 34221	Name: Kevin Jeffers Street Address (P.O. Box Number is Not Acceptable): 4716 Larkridge Cir City: Sarasota **FL** Zip Code: 34233-1729

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: Kevin Jeffers Judy A Goodwin KEVIN JEFFERS, SHO FU PRESIDENT — DATE: 4/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP ZIVIC, THOMAS J 8013 56 CT EAST PALMETTO FL 34221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JEFFERS, KEVIN 4716 LARKRIDGE CIR SARASOTA FL 34233-1729	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BENNETT, LOIS 1728 LITTLE POINT CIR SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LYTLE, JAMES PO BOX 2902 PORT CHARLOTTE FL 33949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KEAST, JIM 1500 MANOR RD ENGLEWOOD FL 34223-4930	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHNEEBERGER, JEAN 4508 WHIRLAWAY DR SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOODWIN, JUDY A 325 S OSPREY AV APT 304 SARASOTA FL 34236-9975	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Judy A Goodwin SIGNATURE REQUIRED Treasurer 4/15/00 (941) 362-9975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #