

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002257**

1. Entity Name

SHO FU BONSAI SOCIETY OF SARASOTA, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90207 040 ****61.25

0075512

Principal Place of Business

C/O KEVING JEFFERS
4716 LARKRIDGE CIR
SARASOTA FL 34233-1729

Mailing Address

C/O KEVING JEFFERS
4716 LARKRIDGE CIR
SARASOTA FL 34233-1729

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

59-3583734

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JEFFERS, KEVIN
4716 LARKRIDGE CIR
SARASOTA FL 34233-1729

7. Name and Address of New Registered Agent

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JEFFERS, KEVIN
4716 LARKRIDGE CIRCLE
SARASOTA FL 34233-1729 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BENNETT, LOIS
1728 LITTLE POINT CIR
SARASOTA FL 34231 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KEAST, JIM
1600 MANOR RD
ENGLEWOOD FL 34223-4930 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GOODWIN, JUDY A
825 S OSPREY AVE APT 304
SARASOTA FL 34236-9975 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
SCHNEEBERGER, JEAN
4508 WHIRLWAY DR
SARASOTA, FL 34233TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)