

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90007 007 \*\*\*\*61.25

**DOCUMENT # N98000006852**

1. Entity Name  
**THE WELCOME CLUB OF SARASOTA, INC.**

Principal Place of Business      Mailing Address  
**3602 TORREY PINES WAY**      **P O BOX 5125**  
**SARASOTA FL 34238**      **SARASOTA FL 34277-5125**

2. Principal Place of Business      3. Mailing Address  
**1618 South Bay Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Osprey, FL**  
 Zip      Country      Zip      Country  
**34229**      **USA**

4. FEI Number      Applied For  
**65-0890035**      **APPLIED FOR**  
 Certificate of Status Desired            \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROSTOWSKI, NANCY G**  
**3602 TORREY PINES WAY**  
**SARASOTA FL 34238**

7. Name and Address of New Registered Agent  
 Name      **Adams, Judy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1618 South Bay Drive**  
 City      **Osprey**      State      **FL**      Zip Code      **34229**

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      **Judy Adams, President**      DATE      **Jan. 22, 2000**  
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSTOWSKY, NANCY G</b>	
STREET ADDRESS	<b>3602 TORREY PINES WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>ADAMS, JUDY</b>	
STREET ADDRESS	<b>1618 S BAY DR</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>RONINGEN, BRENDA</b>	
STREET ADDRESS	<b>5174 LITTLE BROOK CT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>STONE, KA SUE</b>	
STREET ADDRESS	<b>4588 DEL SOL BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Adams, Judy</b>	
STREET ADDRESS	<b>1618 S. Bay Dr.</b>	
CITY-ST-ZIP	<b>Osprey, FL 34229</b>	
TITLE	Vice President VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Welch, Ruth</b>	
STREET ADDRESS	<b>4453 Greenfield Ave.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34233</b>	
TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Balekdjian, Anne</b>	
STREET ADDRESS	<b>4730 Old Farm Rd.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34233</b>	
TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alpher, Nancy</b>	
STREET ADDRESS	<b>4910 Flagstone Dr.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34238</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 equipment.

SIGNATURE:      **Judy Adams, President**      DATE      **1-22-2000**      Daytime Phone #      **941-966-9642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/99)