

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90302 022 ****61.25

DOCUMENT # N98000006852

1. Entity Name

THE WELCOME CLUB OF SARASOTA, INC.

Principal Place of Business

Mailing Address

**4453 GREENFIELD AVE.
 SARASOTA FL 34233
 US**

**P O BOX 5125
 SARASOTA FL 34277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

865 FREELING DRIVE

City & State

City & State

SIESTA KEY FL

4. FEI Number

65-0890035

Applied For

Not Applicable

Zip

Country

Zip

Country

34242

-USA-

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

**WELCH, RUTH
 4453 GREENFIELD AVE.
 SARASOTA FL 34233**

Name

HAMPSHIRE, EILEEN

Street Address (P.O. Box Number is Not Acceptable)

865 FREELING DRIVE

City

SIESTA KEY

FL

Zip Code

34242

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

Eileen Hampshire

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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	<input checked="" type="checkbox"/> Delete
NAME	WELCH, RUTH	
STREET ADDRESS	4453 GREENFIELD AVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMPSHIRE, EILEEN	
STREET ADDRESS	265 FREELING DR.	
CITY-ST-ZIP	SIESTA KEY FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VANTZ, KAY	
STREET ADDRESS	2829 COVENTRY WAY	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALPHER, NANCY	
STREET ADDRESS	4910 FLAGSTONE DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPSHIRE, EILEEN	
STREET ADDRESS	865 FREELING DRIVE	
CITY-ST-ZIP	SIESTA KEY, FL 34242	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONTZ, KAY	
STREET ADDRESS	2829 COVENTRY WAY	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, NANCY	
STREET ADDRESS	7964 MEADOW RUSH LOOP	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, ELAINE	
STREET ADDRESS	8035 COLLINGWOOD CT.	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
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 empowered.

SIGNATURE:

Eileen Hampshire
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

(941) 312-0035

Daytime Phone #

CR2E037 (9/01)