

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738574

1. Entity Name

OUT-OF-DOOR ACADEMY OF SARASOTA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 024 ****61.25

Principal Place of Business

Mailing Address

444 REID STREET
SARASOTA FL 34242

444 REID STREET
SARASOTA FL 34242-1332

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

59-1731857

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

REGAN, DONALD THOMAS J
999-36 TAMiami TRAIL
SUITE 201
VENICE FL 34285

Name

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

1267 BEE RIDGE ROAD

City

SARASOTA

FL

Zip Code

34241

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 \$61.25

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 VT ☐ Delete
NAME SAVIDGE, REED
STREET ADDRESS PO BOX 49512 N/A
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CT ☐ Delete
NAME PENDERY, KEN
STREET ADDRESS 4528 SPRING FLOWER CT
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TT ☒ Delete
NAME KUZMA, GREGORY
STREET ADDRESS 6764 ASHLEY CT
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☒ Addition
NAME Rees, Brett
STREET ADDRESS 1708 Cherokee Drive
CITY-ST-ZIP Sarasota FL 34239

TITLE ST ☒ Delete
NAME SMITH, LINDA L
STREET ADDRESS 7268 FIRETHORNE DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☒ Addition
NAME YONKER Phyllis
STREET ADDRESS 1424 CEDAR BAY LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE T ☐ Delete
NAME SULLIVAN, DANIEL J
STREET ADDRESS 4128 VIA MIRDA
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME GOLDBERG, KENNETH I
STREET ADDRESS 4201 PALACIO DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (941) 343-9888

Date

Daytime Phone #

CR2E037 (9/99)