

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90181 013 ****61.25

DOCUMENT # 738574

1. Entity Name

OUT-OF-DOOR ACADEMY OF SARASOTA, INC.

Principal Place of Business

**444 REID STREET
 SARASOTA FL 34242**

Mailing Address

**444 REID STREET
 SARASOTA FL 34242**

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

**REGAN, DONALD THOMAS J
 1267 BEE RIDGE ROAD
 SARASOTA FL 34241**

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 \$61.25**

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	VT	☐ Delete
NAME	SAVIDGE, REED	
STREET ADDRESS	PO BOX 49512 N/A	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CT	☒ Delete
NAME	PENDERY, KEN	
STREET ADDRESS	4528 SPRING FLOWER CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TT	☐ Delete
NAME	REES, BRETT	
STREET ADDRESS	1708 CHEROKEE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	ST	☐ Delete
NAME	YONKER, PHYLLIS	
STREET ADDRESS	1424 CEDAR BAY LANES	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	☐ Delete
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	4128 VIA MIRDA	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HEADMASTER	☐ Change ☒ Addition
NAME	MILHAEL A. NOVELLO	
STREET ADDRESS	444 REID ST	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	☐ Change ☒ Addition
NAME	GERD PETRIK, Gerd	
STREET ADDRESS	1538 N. CASEY KEY RD.	
CITY-ST-ZIP	OSPREY, FL 34229	

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

DAN M. SMITH, CPA

1/8/01

94-349-8133

Date

Daytime Phone #

CR2E037 (10/00)