

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90205 021 ****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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **HM** ☐ Delete
NAME **NOVELLO, MICHAEL**
STREET ADDRESS **444 REID ST.**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **TT** ☐ Delete
NAME **REES, BRETT**
STREET ADDRESS **1708 CHEROKEE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **ST** ☐ Delete
NAME **MCARDLE, MARGARET**
STREET ADDRESS **5025 COCO PLIM WAY**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **VT** ☒ Delete
NAME **PETRIK, GERD**
STREET ADDRESS **1538 N CASEY KEY RD**
CITY-ST-ZIP **OSPREY FL 34229**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VT** ☐ Change ☒ Addition
NAME **MATT KANE**
STREET ADDRESS **4917 CHERRY LAUREL WAY**
CITY-ST-ZIP **SARASOTA, FL 34241**

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 OF REGISTERED AGENT

DAN M. Smith CPA

BUSINESS MANAGER 1/14/03

941-349-3223

CR2E037 (10/02)