

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006819

Entity Name: SARASOTA UNIVERSITY, INC.**Current Principal Place of Business:**6371 BUSINESS BLVD.
SUITE 200
SARASOTA, FL 34240**Current Mailing Address:**6371 BUSINESS BLVD.
SUITE 200
SARASOTA, FL 34240 US**FEI Number:** 46-0764321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OGRODNIK, CHERYL A. DR.
6466 WATERCREST WAY
SUITE 301
LAKEWOOD RANCH, FL 34202 US*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:** DR. CHERYL A. OGRODNIK

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER
Name OGRODNIK, CHERYL A. DR.
Address 6466 WATERCREST WAY, SUITE 301
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name OGRODNIK, RONALD W. PHD
Address 6466 WATERCREST WAY, SUITE 301
City-State-Zip: LAKEWOOD RANCH FL 34202

Title BOARD CHAIRMAN
Name MLYNARCZYK, H. CHARLES DR.
Address 7715 ASHLEY CIRCLE
City-State-Zip: UNIVERSITY PARK FL 34201

Title DIRECTOR
Name MARKOVITZ, MICHAEL DR.
Address ONE BEN FRANKLIN DRIVE
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name PAULDINE, DAVE
Address 804 SOUTH COLFAX AVENUE
City-State-Zip: ELMHURST IL 60126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD OGRODNIK**FOUNDER AND
PRESIDENT**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date