

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90413 008 \*\*\*\*61.25

**DOCUMENT # 707349**

1. Entity Name

**FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN I  
 NSTITUTE OF ARCHITECTS**

Principal Place of Business

Mailing Address

P O BOX 48986  
 SARASOTA FL 34230-2986  
 US

PO BOX 48986  
 SARASOTA FL 34230-2986  
 US

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

**65-0137706**

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

**KUYKENDALL, CHARLES E  
 227 CENTRAL AVE  
 SARASOTA FL 34236**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CARLSON, MICHAEL R A/A**  
 STREET ADDRESS **330 S PINEAPPLE AVE #204**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S EPSTEIN, MICHAEL**  
 STREET ADDRESS **325 CENTRAL AVE**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE  Change  Addition  
 NAME **Secretary**  
 STREET ADDRESS **Todd Yeomans, AIA**  
 CITY-ST-ZIP **5032 Minorga**  
**Sarasota, FL 34242**

TITLE  Delete  
 NAME **V SWEET, TODD**  
 STREET ADDRESS **2051 MAIN ST.**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE  Change  Addition  
 NAME **VICE President**  
 STREET ADDRESS **Brad Graubatz, AIA**  
 CITY-ST-ZIP **514 Central Avenue**  
**Sarasota, FL 34237**

TITLE  Delete  
 NAME **P STONE, BUD**  
 STREET ADDRESS **251 MAIN ST**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS **Todd Sweet, AIA**  
 CITY-ST-ZIP **2051 Main Street**  
**Sarasota, FL 34236**

TITLE  Delete  
 NAME **SD GARFINKEL, RICHARD M A/A**  
 STREET ADDRESS **2289 57TH ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME **STATE Director**  
 STREET ADDRESS **Mark H. Smith, AIA**  
 CITY-ST-ZIP **5032 Calle Minorga**  
**Sarasota, FL 34242**

TITLE  Delete  
 NAME **SD HOLLADAY, SAMUEL**  
 STREET ADDRESS **325 CENTRAL AVE**  
 CITY-ST-ZIP **SARASOTA FL 34236**

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:

**Michael Carlson, AIA 3/10/02 (941) 362-4312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)