

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90648 018 ****61.25

DOCUMENT # 707349

1. Entity Name

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



Principal Place of Business

**P O BOX 48986
SARASOTA FL 34230-2986
US**

Mailing Address

**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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☐ Change ☒ Addition
NAME **BOWEN, JAMES W**
STREET ADDRESS **513 CENTRAL AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☐ Delete
NAME **YEOMANS, TODD A**
STREET ADDRESS **5032 MINORGA**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **P** ☐ Delete
NAME **GAUBATZ, BRAD A**
STREET ADDRESS **514 CENTRAL AVENUE**
CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE **P** ☒ Delete
NAME **SWEET, TODD A**
STREET ADDRESS **2051 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **SD** ☐ Delete
NAME **SMITH, MARK H A**
STREET ADDRESS **5032 CALLE MENORGA**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **SD** ☐ Delete
NAME **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:

SIGNATURE REQUIRED

Michael R. Carlson

4/15/03

(941)

362-4312

CR2E037 (10/02)