

2001 UNIFORM BUSINESS REPORT (UBR)

4/6.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-06-2001 90016 035 ****61.25

DOCUMENT # 709279
 1. Entity Name
GREATER SARASOTA CHAMBER OF COMMERCE, INC.

Principal Place of Business 1819 MAIN ST SUITE 240 SARASOTA FL 34236-2983	Mailing Address 1819 MAIN ST SUITE 240 SARASOTA FL 34236-2983
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0435955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COUCH, WILLIAM W
 1819 MAIN ST
 SUITE 240
 SARASOTA FL 34236-2983

7. Name and Address of New Registered Agent
 Name **Rex Richards**
 Street Address (P.O. Box Number is Not Acceptable)
1819 Main St. #240
Sarasota, FL 34236
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.
 SIGNATURE DATE **4/4/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD COUCH, WILLIAM W 1819 MAIN ST, STE 240 SARASOTA FL 34236-2983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOULTON, KATIE 1819 MAIN ST STE 240 SARASOTA FL 34236-2983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANSTON, CRAIG 1819 MAIN ST STE 240 SARASOTA FL 34236-2983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, MANNY 1819 MAIN ST STE 240 SARASOTA FL 34236-2983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rex Richards 1819 Main St. #240 Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Vern Buchanan 1819 Main St. #240 Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Craig Cranston 1819 Main St. #240 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/2/01** (941)955-2508 x250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)