## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

## Mar 12, 2002 8:00 am **DOCUMENT # 709279** 1. Entity Name **Secretary of State** GREATER SARASOTA CHAMBER OF COMMERCE, INC. 03-12-2002 91001 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 1819 MAIN ST 1819 MAIN ST SUITE 240 SUITE 240 SARASOTA FL 34236-2983 SARASOTA FL 34236-2983 2. Principal Place of Business 3. Mailing Address 1945 FRUITVILLE ROAD 1945 FRUITVILLE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0435955 SARASOTI SARASOTA Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDS, Street Address (P.O. Box Number is Not Acceptable) 1945 FRUITVILLE ROAD RICHARDS, REX **1819 MAIN ST** SUITE 240 City **SARASOTA FL 34236-2983** SARASOTA 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSD TITLE ☐ Delete TITLE ☐ Change Addition (9/01) NAME RICHARDS, REX NAME BAUMANN, CHARLES E037 STREET ADDRESS 1819 MAIN ST, STE 240 STREET ADDRESS 1945 FRUITVILLE RD. CITY-ST-ZIP SARASOTA FL 34236-2983 CITY-ST-ZIP SARASOTA, FL 34236 TITLE ☐ Delete Change **Addition** BUCHANAN, VERN JAMES BRAUN NAME NAME 1945 FRUITVILLERD. STREET ADDRESS 1819 MAIN ST STE 240 STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-2983 TITLE: ■ Delete --- - Change ☐ Addition CRANSTON, CRAIG NAME NAME STREET ADDRESS 1819 MAIN ST STE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-2983 TITLE Delete TITLE ☐ Change ☐ Addition CALVO, MANNY NAME NAME STREET ADDRESS 1819 MAIN ST STE 240 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34236-2983 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

(941) 955 - 2508

REX RICHARDS, PRESIDENT 02/22/02