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

Secretary of State DOCUMENT # 709279 01-23-2003 90090 043 ****61.25 GREATER SARASOTA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 1945 FRUITVILLE RD 1945 FRUITVILLE RD SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-0435955 City & State City & State Not Applicable Zip Country Zip Country \$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, REX Street Address (P.O. Box Number is Not Acceptable) 1945 FRUITVILLE RD SARASOTA FL 34236 City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PSD** TITLE Delete TITLE Change : Addition RICHARDS, REX NAME NAME 1945 FRUITUILLE ROAD 1819 MAIN ST STE 240 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-2983 Addition TITLE Delete TITLE ☐ Change TIM CLARKE NAME BUCHANAN, VERN NAME 333 N. ORANGE AVE STREET ADDRESS 1819 MAIN ST STE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SARASOTA FL 34236-2983** MRAGOTA, FL 34236 TITLE Delete TITLE John T. Stafford NAME BZAUN, JAMES NAME 1592 Potter Park Dr. #200 1945 FRUITVILLE RD STREET ADDRESS STREET ADDRESS 8592 roms 1....34238 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BAUMANN, CHARLES NAME STREET ADDRESS 1945 FRUITVILLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 empewered 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 adtress, with all other I/Ne empowered

SIGNATURE: \

JAN 1 0 2003

FILED

Jan 23, 2003 8:00 am