

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710826

1. Entity Name

SARASOTA KEYS ROTARY FUND, INC.

Principal Place of Business

1858 RINGLING BLVD
SARASOTA FL 34236

Mailing Address

1858 RINGLING BLVD
SARASOTA FL 34236-5917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKIPPER, J. RONALD
1515 RINGLING BLVD
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 PD ☒ Delete
NAME GRIFFES, ALAN J.
STREET ADDRESS 407B 76TH STREET
CITY-ST-ZIP HOLMES BEACH FL

TITLE PD ☐ Change ☒ Addition
NAME LINEWEAVER, JOHN
STREET ADDRESS 4516 LAKE VISTA DR.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE TD ☐ Delete
NAME CLARKE, ROBERT P.
STREET ADDRESS 1858 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL

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

TITLE V ☒ Delete
NAME WHITE, SALLY
STREET ADDRESS 1712 STARLING DR
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ Change ☒ Addition
NAME LANG, KLAUS
STREET ADDRESS 3035 BAY SHORE ROAD
CITY-ST-ZIP SARASOTA, FL 34234

TITLE SD ☒ Delete
NAME LANG, KLAUS
STREET ADDRESS 3035 BAYSHORE RD
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ Change ☒ Addition
NAME BUCKLEY, BILL
STREET ADDRESS 5757 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90208 044 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6153836 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)