## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## Feb 28, 2002 8:00 am Secretary of State **DOCUMENT # 710826** 1. Entity Name SARASOTA KEYS ROTARY FUND, INC. 02-28-2002 90066 008 \*\*\*\*61.25 Mailing Address Principal Place of Business 1858 RINGLING BLVD 1858 RINGLING BLVD SARASOTA FL 34236 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-6153836 Not Applicable Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SKIPPER, J. RONALD 1515 RINGLING BLVD SARASOTA FL 34236 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **Addition** TITLE ☐ Change X Delete TITLE Arthur Aughey 11004 water Lily Way WHITE, SALLY NAME NAME STREET ADDRESS 1712 Starling Dr STREET ADDRESS Bradenton, FL 34202-4183 SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE CLARKE, ROBERT P. NAME NAME 1858 RINGLING BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL SD Change ☐ Addition TITLE **X** Delete TITLE Clemence SITTING, JOHN NAME NAME 6183 Palmer Road 2355 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS Sarasota, FL 84240 LONGBOAT KEY FL 34228 CITY-ST-7IP CITY-ST-ZIP SD Change Addition Delete TITI F TITLE PALMER, LOU ANN NAME NAME 4160 FRUITVILLE RD # 75 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE 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 patrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

like empowered.

FILED