FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:13

DOCUMENT # 720699 (8)

1. Corporation Name
THE SARASOTA UNIVERSITY CLUB, INC.

Principal Place of Business	Mailing Address
1605 MAIN ST SARASOTA FL 34236	1605 MAIN ST SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1971
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-1349647 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CONKLIN, BRIGITTE
~~STEPHAN, LAURA ANN~~
1605 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: CONKLIN, BRIGITTE
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	GM ☐ Change ☒ Addition
NAME	ESTILL, CHARLES R	12 NAME	CONKLIN, BRIGITTE
STREET ADDRESS	8625 MIDNIGHT PASS RD	13 STREET ADDRESS	1332 WEST WAY DRIVE
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PED	21 TITLE	PD ☒ Change ☐ Addition
NAME	CARR, ROBERT J	22 NAME	CARR, ROBERT J.
STREET ADDRESS	545 SANCTUARY DR	23 STREET ADDRESS	SAME
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	PED ☒ Change ☐ Addition
NAME	CAVANAUGH, GERALD J	32 NAME	CAVANAUGH, GERALD J.
STREET ADDRESS	3909 CASEY KEY RD	33 STREET ADDRESS	SAME
CITY-ST-ZIP	NOKOMIS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	VPD ☒ Change ☐ Addition
NAME	GUSTAFSON, KARIN E	42 NAME	GUSTAFSON, KARIN E.
STREET ADDRESS	4903 CORAL BLVD	43 STREET ADDRESS	SAME
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	RICE, ERNST F	52 NAME	SAME
STREET ADDRESS	454 MEADOWLARK DR	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE	GM	61 TITLE	TD ☐ Change ☒ Addition
NAME	STEPHAN, LAURA ANN	62 NAME	GOLDBERG, ARTHUR
STREET ADDRESS	2917 ROSEWOOD PL	63 STREET ADDRESS	940 CALOOSA DRIVE
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34234

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/9/95 (941) 366-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018824