

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

04/12/1971

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONKLIN, BRIGITTE  
1605 MAIN STREET  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Brigitte Conklin, General Manager

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/17/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE GM  
NAME CONKLIN, BRIGITTE  
STREET ADDRESS 1332 WEST WAY DRIVE  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE PD  
NAME CARR, ROBERT J  
STREET ADDRESS 545 SANCTUARY DR  
CITY-ST-ZIP LONGBOAT KEY FL

☒ DELETE

TITLE PED  
NAME CAVANAUGH, GERALD J  
STREET ADDRESS 3909 CASEY KEY RD  
CITY-ST-ZIP NOKOMIS FL

☒ DELETE

TITLE VPD  
NAME GUSTAFSON, KARIN E  
STREET ADDRESS 4903 CORAL BLVD  
CITY-ST-ZIP BRADENTON FL

☒ DELETE

TITLE S  
NAME RICE, ERNST F  
STREET ADDRESS 454 MEADOWLARK DR  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE TD  
NAME GOLDBERG, ARTHUR  
STREET ADDRESS 940 CALOOSA DRIVE  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

11 TITLE GM  
12 NAME Conklin, Brigitte  
13 STREET ADDRESS 1332 West Way Drive  
14 CITY-ST-ZIP Sarasota, FL 34236

☒ Change ☐ Addition

21 TITLE PD  
22 NAME Cavanaugh, Gerald J.  
23 STREET ADDRESS 3909 Casey Key Road  
24 CITY-ST-ZIP Nokomis, FL 34275

☒ Change ☐ Addition

31 TITLE PED  
32 NAME Gustafson, Karin E.  
33 STREET ADDRESS 1084 S. Briggs Street, YMCA Found.  
34 CITY-ST-ZIP Sarasota, FL 34237

☒ Change ☐ Addition

41 TITLE VPD  
42 NAME Goldberg, Arthur M.  
43 STREET ADDRESS 940 Caloosa Drive  
44 CITY-ST-ZIP Sarasota, FL 34234

☒ Change ☐ Addition

51 TITLE S  
52 NAME Rees, William B.  
53 STREET ADDRESS 1891 Boyce Street  
54 CITY-ST-ZIP Sarasota, FL 34239

☐ Change ☒ Addition

61 TITLE TD  
62 NAME Covert, Michael H.  
63 STREET ADDRESS 97 Sunset Drive, #103  
64 CITY-ST-ZIP Sarasota, FL 34236

☐ Change ☒ Addition

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)(k), 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)