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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720699

1. Corporation Name

THE SARASOTA UNIVERSITY CLUB, INC.

Principal Place of Business

1605 MAIN ST
SARASOTA FL 34236

Mailing Address

1605 MAIN ST
SARASOTA FL 34236



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/12/1971

22 City & State

27 City & State

4. FEI Number
59-1349647

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

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

24

25

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

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

1.1 TITLE PED ☒ Change ☐ Addition
1.2 NAME COVERT, MICHAEL H
1.3 STREET ADDRESS 4804 BENCHMARK COURT
1.4 CITY-ST-ZIP SARASOTA, FL 34238

TITLE PD ☐ DELETE
NAME GOLDBERG, ARTHUR M
STREET ADDRESS 940 CALOSSA DRIVE
CITY-ST-ZIP SARASOTA FL 34234

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME REES, WILLIAM B
2.3 STREET ADDRESS 1891 BOYCE STREET
2.4 CITY-ST-ZIP SARASOTA FL 34239

TITLE PED ☒ DELETE
NAME GOLDBERG, ARTHUR M.
STREET ADDRESS 940 CALOOSA DR
CITY-ST-ZIP SARASOTA FL

3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME CAVANAUGH, Gerald J.
3.3 STREET ADDRESS 3909 Casey Key Road
3.4 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VPD ☒ DELETE
NAME COVERT, MICHAEL H.
STREET ADDRESS 1598 PEREGRINE PT DR
CITY-ST-ZIP SARASOTA FL

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME RICE, ERNEST F
4.3 STREET ADDRESS 700 John Ringling Blvd., #2312
4.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE S ☒ DELETE
NAME HEISER, LT GEN ROLLAND
STREET ADDRESS 5700 N TAMiami TR, NEW COLLEGE FOUND.
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME REES, WILLIAM B.
STREET ADDRESS 1891 ROYCE ST
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

BRIGITTE CONKLIN 1/6/1999 (941) 366-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)