

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90172 026 ****61.25

DOCUMENT # 720699

1. Entity Name

THE SARASOTA UNIVERSITY CLUB, INC.

Principal Place of Business

1605 MAIN ST
 SARASOTA FL 34236

Mailing Address

1605 MAIN ST
 SARASOTA FL 34236-5840

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1349647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONKLIN, BRIGITTE
1605 MAIN STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

TIMOTHY J. NICHOL

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

1605 MAIN STREET

City

SARASOTA

FL

Zip Code

34236

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

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

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

TITLE **S** ☐ Delete
 NAME **RICE, ERNEST I**
 STREET ADDRESS **700 JOHN RINGLING BLVD #2312**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **PED** ☐ Delete
 NAME **COVERT, MICHAEL H.**
 STREET ADDRESS **4804 BENCHMARK CT**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **TD** ☐ Delete
 NAME **CAVANAUGH, GERALD J**
 STREET ADDRESS **3909 CASEY KEY RD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VPD** ☒ Delete
 NAME **REES, WILLIAM B.**
 STREET ADDRESS **1891 ROYCE ST**
 CITY-ST-ZIP **SARASOTA FL 34239**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **GM** ☒ Change ☐ Addition
 NAME **NICHOL, TIMOTHY J.**
 STREET ADDRESS **4521 46TH AVE W.**
 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE **PD** ☒ Change ☐ Addition
 NAME **O. HOWARD DAVIDSMeyer**
 STREET ADDRESS **5159 RIVERWOOD AVENUE**
 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **S** ☒ Change ☐ Addition
 NAME **MATTESON, KAREN**
 STREET ADDRESS **P.O. BOX 49231**
 CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE **PED** ☒ Change ☐ Addition
 NAME **BOGUSZ, TED G.**
 STREET ADDRESS **6509 WATERFORD CIRCLE**
 CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **VPD** ☒ Change ☐ Addition
 NAME **GOLDBERG, ARTHUR M.**
 STREET ADDRESS **P.O. BOX 4232**
 CITY-ST-ZIP **SARASOTA, FL 34230**

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 #

2/4/00

(941) 366 5400