

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90018 009 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1349647

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NICHOL, TIMOTHY J  
1605 MAIN STREET  
SARASOTA FL 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	<input type="checkbox"/> Delete
NAME	NICHOL, TIMOTHY J	
STREET ADDRESS	4521 46TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDBERG, ARTHUR M	
STREET ADDRESS	PO BOX 4232	
CITY-ST-ZIP	SARASOTA FL 34230	

TITLE	S D	<input type="checkbox"/> Delete
NAME	MATTESON, KAREN	
STREET ADDRESS	PO BOX 49231	
CITY-ST-ZIP	SARASOTA FL 34230	

TITLE	PED	<input type="checkbox"/> Delete
NAME	BOGUSZ, TED	
STREET ADDRESS	6509 WATERFORD CIR	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, GERALD J	
STREET ADDRESS	3909 CASEY KEY RD	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOL, TIMOTHY J	
STREET ADDRESS	346 MENDEZ DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34243	

TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ARTHUR M	
STREET ADDRESS	P.O. BOX 4232	
CITY-ST-ZIP	SARASOTA, FL 34230	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGUSZ, TED	
STREET ADDRESS	6509 WATERFORD CIR	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL E POPP	
STREET ADDRESS	4485 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

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 #

CR2E037 (10/00)