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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 723100

1. Corporation Name

THE UNIVERSITY OF SARASOTA FOUNDATION, INC.

Principal Place of Business

5250 17TH ST.
SUITE 3
SARASOTA FL 34235

Mailing Address

5250 17TH ST.
SUITE 3
SARASOTA FL 34235



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/22/1971

4. FEI Number

59-1283554

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

9. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M. ESQUIRE
1800 SECOND STREET
SUITE 775
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

TITLE TAC
NAME MARKOVITZ, MICHAEL
STREET ADDRESS 5250 17TH ST.
CITY-ST-ZIP SARASOTA FL 34235

☐ DELETE

TITLE D
NAME SIMMONS, LESLIE
STREET ADDRESS 599 SOUTHWEST 15TH RD.
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D
NAME KITCHING, RUSSELL T
STREET ADDRESS 1107 78TH ST N.W.
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE D
NAME SCHNEIDER, ARNOLD E
STREET ADDRESS 4687 CHANDLERS FORDE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE C
NAME NEFF, RAYMOND
STREET ADDRESS 5250 17TH STREET
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Robert Cotton
5250 17th Street
Sarasota, FL 34235

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:

SIGNATURE REQUIRED MICHAEL C MARKOVITZ 2/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)