

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723100

1. Entity Name

THE UNIVERSITY OF SARASOTA FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90097 003 ****70.00

Principal Place of Business Mailing Address
5250 17TH ST. 5250 17TH ST.
SUITE 3 SUITE 3
SARASOTA FL 34235 SARASOTA FL 34235-0209

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1283554 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	TAC	<input type="checkbox"/> Delete
NAME	MARKOVITZ, MICHAEL	
STREET ADDRESS	5250 17TH ST.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, LESLIE	
STREET ADDRESS	599 SOUTHWEST 15TH RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITCHING, RUSSELL T	
STREET ADDRESS	1107 78TH ST N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, ARNOLD E	
STREET ADDRESS	4687 CHANDLERS FORDE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	NEFF, RAYMOND	
STREET ADDRESS	5250 17TH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. DORIS B. PICKETT	
STREET ADDRESS	4900 GOLF OF MEXICO DR. 208-C	
CITY-ST-ZIP	Longwood Key, FL 34225	

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: *Doris B. Pickett* **REQUIRED** *DORIS B. PICKETT* 5/10/00 (941) 383-4787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)