

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723100

1. Entity Name

THE UNIVERSITY OF SARASOTA FOUNDATION, INC.

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90131 009 ****70.00

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

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
After September 12, 2001, min. will be \$236.25

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PICKETT, DORIS B
4800 GULF OF MEXICO DRIVE 203-C
LONGBOAT KEY FL 34828 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Pepicello, William J
5250 17th Street
Sarasota, FL 34235 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'Brien, Patrick D.
5250 17th Street
Sarasota, FL 34235 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patrick D. O'Brien*

July 4, 2001 941-379-0404 X312

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CR2E037 (5/01)