

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723100

1. Entity Name

THE UNIVERSITY OF SARASOTA FOUNDATION, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90075 014 ****61.25

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE P
NAME PEPICELLO, WILLIAMS J ☒ Delete
STREET ADDRESS 5250 17TH STREET
CITY-ST-ZIP SARASOTA FL 34235

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

TITLE D
NAME O'BRIEN, PATRICK D ☐ Delete
STREET ADDRESS 5250 17TH STREET
CITY-ST-ZIP SARASOTA FL 34235

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Jan 02 941-379-0404

Date

Daytime Phone #

CR2E037 (9/01)