

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730965

1. Entity Name

DOWNTOWN ASSOCIATION OF SARASOTA, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90008 014 \*\*\*\*61.25

Principal Place of Business

1818 MAIN ST  
SARASOTA FL 34236

Mailing Address

P O BOX 3895  
SARASOTA FL 34230-3895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1957528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDER, MICHAEL R, JR  
1605 MAIN ST, STE 1100  
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 SD ☐ Delete  
NAME HOLLAND, LINDA  
STREET ADDRESS 1818 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ~~VPD~~ ☐ Delete  
NAME RICHMOND, PAT  
STREET ADDRESS 1818 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE VPD ☒ Delete  
NAME SEGRETI, ADAM  
STREET ADDRESS 1818 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE TD ☐ Delete  
NAME MEYER, ROBERT  
STREET ADDRESS 1818 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ~~PD~~ ☐ Delete  
NAME NUNAN, THOMAS  
STREET ADDRESS 1818 MAIN ST  
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition  
NAME RICHARD LOBO  
STREET ADDRESS 1818 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236

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:

*Robert C. Meyer* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

941-951-2656

Daytime Phone #

CR2E037 (9/99)