

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730965**

1. Entity Name

DOWNTOWN ASSOCIATION OF SARASOTA, INC.

Principal Place of Business

**1818 MAIN ST
SARASOTA FL 34236**

Mailing Address

**P O BOX 3895
SARASOTA FL 34230**

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

59-1957528

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	HOLLAND, LINDA	
STREET ADDRESS	1818 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LOBO	
STREET ADDRESS	1818 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHMOND, PAT	
STREET ADDRESS	1818 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	VP-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA WOOD	
STREET ADDRESS	1818 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, ROBERT	
STREET ADDRESS	1818 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK PILKINGTON	
STREET ADDRESS	1818 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	D	<input type="checkbox"/> Delete
NAME	NUNAN, THOMAS	
STREET ADDRESS	1818 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOBO, RICHARD	
STREET ADDRESS	1818 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

941 951-2451

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90197 006 ****61.25

763645

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)