

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731835

1. Entity Name

THE FLORIDA HOUSE FOUNDATION OF SARASOTA, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90055 004 ****61.25

Principal Place of Business

Mailing Address

2477 STICKNEY PT. RD.
SUITE 114-A
SARASOTA FL 34231

2477 STICKNEY PT. RD.
SUITE 114-A
SARASOTA FL 34231

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

56-1608033

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, JOHN 109 ALLEN ST LANSING MI 48912 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, BILL 3149 BEE RIDGE RD SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORN, TERRY 2477 STICKNEY POINT RD., #114-A SARASOTA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FRANK F 330 S. PINEAPPLE AVE., STE. 206 SARASOTA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, PHYLLIS 3178 REGATTA CIR. SARASOTA FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 550 Three Mile Road Grand Rapids, MI 49544
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 D Lambie, John 4600 Beneva Road S Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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

4/19/02 941 922 5666

CR2E037 (9/01)