

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

06-02-2003 90186 027 ****61.25

DOCUMENT # 731835

1. Entity Name

THE FLORIDA HOUSE FOUNDATION OF SARASOTA, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4600 Beneva Rd S

3. Mailing Address

4600 Beneva Rd S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number 56-1608033

Applied For

Not Applicable

Zip

34233

Country

Zip

34233

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

OSBORN, W. TERRY
2477 STICKNEY POINT ROAD
SUITE 114-A
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CLEVELAND, JOHN	
STREET ADDRESS	550 THREE MILE ROAD	
CITY-ST-ZIP	GRAND RAPIDS MI 49544	
TITLE	T	☐ Delete
NAME	BISHOP, BILL	
STREET ADDRESS	3149 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	P	☐ Delete
NAME	OSBORN, TERRY	
STREET ADDRESS	2477 STICKNEY POINT RD., #114-A	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	SMITH, FRANK F	
STREET ADDRESS	330 S. PINEAPPLE AVE., STE. 206	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	LAMBIE, JOHN	
STREET ADDRESS	4600 BENEVA ROAD S	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	David Brain	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	DAVID BRAIN	
STREET ADDRESS	5700 N. Tamiami Trail	
CITY-ST-ZIP	SARASOTA FL 34243	

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

Date

Daytime Phone #

CR2E037 (10/02)