

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90037 028 ****70.00

DOCUMENT # 736090

1. Entity Name

VOLUNTEER CONNECTIONS OF SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

1750 17TH STREET #C3
 SARASOTA FL 34234

1750 17TH STREET #C3
 SARASOTA FL 34234-8666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1375442

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

GILES, TOM
4841 PALM AIRE DRIVE
SARASOTA FL 34243

Name
George Bahr

Street Address (P.O. Box Number is Not Acceptable)

4627 Summer Oak Dr E

City
Sarasota

FL

Zip Code
34243

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 **George Bahr, Executive Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	D	<input checked="" type="checkbox"/> Delete
NAME	WEBEL, GLORIA	
STREET ADDRESS	6742 ASHLEY CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHYS, MARGARET	
STREET ADDRESS	5892 WILSHIRE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZAHN, TOM	
STREET ADDRESS	4171 ROBERT POINTE CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, KATHLEEN	
STREET ADDRESS	1590 1ST ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERRARA, MARY	
STREET ADDRESS	330 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILES, TOM	
STREET ADDRESS	4841 PALM AIRE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaufer, Sheila	
STREET ADDRESS	4143 Woodmere Park Blvd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Short, Betty	
STREET ADDRESS	3267 Meadows Run Dr	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meurs, Ronnie	
STREET ADDRESS	321 Winfield Way	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	P	<input checked="" 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: **Tom Giles, President** **2/2/00** (941) 355-8071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)