

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736090

1. Entity Name

VOLUNTEER CONNECTIONS OF SARASOTA COUNTY, INC.

Principal Place of Business

1750 17TH STREET #C3
SARASOTA FL 34234

Mailing Address

1750 17TH STREET #C3
SARASOTA FL 34234

2. Principal Place of Business

7810 S. Tamiami Tr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-5

City & State

Venice, FL

City & State

4. FEI Number

59-1375442

Applied For

Not Applicable

Zip

34293

Country

Sarasota

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHR, GEORGE
4627 SUMMER OAK DR E
SARASOTA FL 34243

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 S
NAME KAUFER, SHEILA
STREET ADDRESS 4143 WOODMERE PARK BLVD
CITY-ST-ZIP VENICE FL 34293 ☒ Delete

TITLE S
NAME Matthys, Margaret
STREET ADDRESS 5892 Wilshire Blvd
CITY-ST-ZIP Sarasota, FL 34238 ☒ Change ☐ Addition

TITLE D
NAME MATTHYS, MARGARET
STREET ADDRESS 5892 WILSHIRE BLVD
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE D
NAME Belsham, Michael
STREET ADDRESS 4145 Palau
CITY-ST-ZIP Sarasota, FL 34241 ☐ Change ☒ Addition

TITLE D
NAME ZAHN, TOM
STREET ADDRESS 4171 ROBERT POINTE CIRCLE
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE VP
NAME SHORT, BETTY
STREET ADDRESS 3267 MEADOWS RUN DR
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

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

TITLE T
NAME MEURS, RONNIE
STREET ADDRESS 321 WINFIELD WAY
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

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

TITLE P
NAME GILES, TOM
STREET ADDRESS 4841 PALM AIRE DRIVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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 *BAHR, GEORGE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90273 035 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1-22-01 (941) 496-8466