

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/4

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90257 046 \*\*\*\*70.00

**DOCUMENT # 736090**

1. Entity Name

**VOLUNTEER CONNECTIONS OF SARASOTA COUNTY, INC.**

Principal Place of Business

Mailing Address

7810 S. TAMiami TR  
SUITE A-5  
VENICE FL 34290

7810 S. TAMiami TR  
SUITE A-5  
VENICE FL 34290

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

**59-1375442**

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

**BAHR, GEORGE**  
**4827 SUMMER OAK DR E**  
**SARASOTA FL 34243**

Name

**LATONA, WILLIAM J**

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

**4160 WOODLAND BOULEVARD**

City

**NORTH PORT**

**FL**

**34286**

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

**William J. Latona, Executive Director**

**1/15/02**

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**  
**BELSHAM, MICHAEL**  
**4145 PALAU**  
**SARASOTA FL 34241** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**MATTHYS, MARGARET**  
**5892 WILSHIRE BLVD**  
**SARASOTA FL 34238** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECTY D.**  
**SPENCE, CECIL**  
**750 PLANTERS MANOR WAY**  
**BRADENTON, FL 34212** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP, D**  
**ROGERS, DEWELIA**  
**900 RIVIERA ST**  
**VENICE, FL 34285** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, D** ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ 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:

**Betty Short** President

**1/16/02 (441) 497-0654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)