

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90080 046 ****61.25

DOCUMENT # 754035

1. Entity Name

WIDOWED PERSONS SERVICE OF SOUTH SARASOTA COUNTY

Principal Place of Business

Mailing Address

930 S. TAMiami TRAIL
 VENICE FL 34285-3231
 US

930 S. TAMiami TRAIL
 VENICE FL 34285-3231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2025997

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

MARY M. EDDY
~~912 CHURCH ST~~ 1250 Connemara1 Circle
~~VENICE FL 34285~~ Nokomis, FL 34275-1700

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 **D** Delete
 NAME **MICHALSKI, JODI**
 STREET ADDRESS **744 WHITE PINE TREE ROAD**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RODEN, DONNA L**
 STREET ADDRESS **901 VENETIA BAY BLVD.**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DILLOW, RUTH**
 STREET ADDRESS **1721 BAL HARBOUR DR.**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **EDDY, MARY**
 STREET ADDRESS ~~912 CHURCH STREET~~
 CITY-ST-ZIP ~~VENICE FL~~

TITLE **D** Change Addition
 NAME **Eddy, Mary**
 STREET ADDRESS **1250 Connemara1 Circle**
 CITY-ST-ZIP **Nokomis, FL 34275-1700**

TITLE **D P** Delete
 NAME **TUSS, RICK**
 STREET ADDRESS **1950 CENTER RD**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **D P** Change Addition
 NAME **Tuss, Rick**
 STREET ADDRESS **1950 Center Road**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE **PO** Delete
 NAME **HAMM, RICHARD L.**
 STREET ADDRESS **140 EAST VENICE AVE.**
 CITY-ST-ZIP **VENICE FL**

TITLE **D** Change Addition
 NAME **Hamm, Richard L.**
 STREET ADDRESS **140 East Venice Ave**
 CITY-ST-ZIP **Venice, FL 34285**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *MARY M. EDDY* **REQUIRED**
 Mary M. Eddy
 SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

941-488-4602

Date **3-1-2000** Daytime Phone #

CR2E037 (9/99)