

2001 UNIFORM BUSINESS REPORT (UBR)

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARY M. EDDY
1250 CONNEMARAL CIRCLE
NOKOMIS FL 34275-1700

DECEASED

7. Name and Address of New Registered Agent

NAME: CAROL E. PETERSON
STREET ADDRESS (P.O. Box Number is Not Acceptable): 304 WEST VENICE AVENUE
2ND FLOOR
VENICE FL 34285

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: Carol E. Peterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 12/4/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHALSKI, JODI 744 WHITE PINE TREE ROAD VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODEN, DONNA L 901 VENETIA BAY BLVD. VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLOW, RUTH 1721 BAL HARBOUR DR. VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, MARY 1250 CONNEMARAL CIRCLE NOKOMIS FL 34275-1700	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUSS, RICK 1950 CENTER RD VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, RICHARD L 140 EAST VENICE AVE. VENICE FL 34285	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID R. CORNISH 355 WEST VENICE AVENUE VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL E. PETERSON P.O. BOX 670 VENICE, FL 34284	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAITHY KEES 1025 HARBOUR TOWN DRIVE VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERK JASON 3357 DARBLEWOOD PLACE SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY FARLEY WILLIAMS 215 S. NOKOMIS AVENUE VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 powers.

SIGNATURE: CAROL E. PETERSON

12/4/01

941-481-0452

900004744929-4
-12/31/01--01056--014
*****61.25 *****61.25

FILED

01 DEC -6 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)



2002

WIDOWED PERSONS SERVICE

Office located in Village on the Isle

930 SOUTH TAMiami TRAIL • VENICE, FLORIDA 34285-3231 • (941) 486-5429 (24 HOURS)

BOARD OF DIRECTORS:

RICHARD HAMM
President

DAVID CORNISH
RUTH DILLOW
KATHY HEES
ERIC JESON
JODI MICHALSKI
CAROLE PETERSON
MARY FARLEY WILLIAMS

December 4, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #754035
Widowed Persons Service of South
Sarasota County

Dear Sir/Madam:

It has come to our attention that the annual Uniform Business Report and fee was not submitted timely. This organization is made up of business professionals who volunteer their time to assist this non-profit organization.

With the death of the former registered agent, Mary Eddy, and the changes in directors the completion of the enclosed report and submission of annual fee was overlooked. Enclosed is a check in the amount of \$61.25, and we would request that our corporation status not be dissolved. Also, we would ask that consideration be given should there be any penalties imposed.

Thank you for your attention to this matter; should there be any questions, please do not hesitate to contact me at 941-486-0456.

Sincerely,
A handwritten signature in cursive script, reading "Carole E. Peterson".

Carole E. Peterson
Treasurer