

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-22-2000 90002 022 ****61.25

DOCUMENT # 756777

1. Entity Name

YMCA FOUNDATION OF SARASOTA, INC.



Principal Place of Business

Mailing Address

1084 S BRIGGS AVE
 1084 S. BRIGGS AVE
 SARASOTA FL 34237
 US

C/O WAYNE F SEITL
 1084 S. BRIGGS AVE.
 SARASOTA FL 34237-8133
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2115288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN BERTEAU/WILLIAMS PARKER ET AL
1550 RINGLING BLVD
SARASOTA FL 34236

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's 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 **PD** Delete
 NAME **GUSTAFSON, KARIN E.**
 STREET ADDRESS **4903 CORAL BLVD**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TTR** Delete
 NAME **GEIMER, LARRY**
 STREET ADDRESS **1515 RINGLING BLVD 890**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TTR** Change Addition
 NAME **PENDER, JR., MICHAEL**
 STREET ADDRESS **1605 Main St.**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VCTR** Delete
 NAME **MENELL, NORMAN**
 STREET ADDRESS **3326 SABAL COVE LANE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **CTR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CTR** Delete
 NAME **WALTERS, G. DAVID**
 STREET ADDRESS **NATIONS BANK, P. O. BOX 4295**
 CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **TR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCTR** Delete
 NAME **KANE, JANET**
 STREET ADDRESS **539 NORSOTA WAY**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VCTR** Change Addition
 NAME **BAND, DAVID**
 STREET ADDRESS **240 Pineapple Ave.**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **STR** Delete
 NAME **CAPLAN, BONNIE**
 STREET ADDRESS **7410 PEARLBUSH LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **STR** Change Addition
 NAME **REES, W. BRETT**
 STREET ADDRESS **Northern Trust Bank, P.O. Box 4097**
 CITY-ST-ZIP **Sarasota, FL 34230**

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:

Karin E Gustafson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 94-951-1336
 Date Daytime Phone #

CF 037 (000)