2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90671 037 ****61.25

DOCUMENT # 761221

1. Entity Name

SARASOTA GUN CLUB, INC.

Principal Place of Business	Mailing Address
KNIGHT TRL PK. RUSTIC.RD. LAUREL. FL P. O. BOX 802 NOKOMIS FL 34274-0802	KNIGHT TRL PK. RUSTIC.RD. LAUREL. FL P. O. BOX 802 NOKOMIS FL 34274-0802

DO NOT WRITE IN THIS SPACE

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 59-1916803 ☐ 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
SHAKARJIAN, CARNIG G 373 SUGAR MILL DRIVE OSPREY FL 34229 CARNIG C. SHAKARJIAN, SR. 373 SUGAR MILL DRIVE OSPREY, FLORIDA 34229	Name Street Address (P.O. Box Number is Not Acceptable) CARNIG C. SHAKARJIAN, SR. 373 SUGAR MILL DRIVE OSPREY, FLORIDA 34229 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 _____ 3/5/01
Signature and 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	PD CALDERONE, R 3322 SHEFFIELD CIRCLE SARASOTA FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARLO, PILLA 425 TITIAN DR OSPREY FL 34229	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VD WILLIAM VOSNOS 6935 CUMBERLAND TERRACE UNIVERSITY PARK, FL 34201 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWNE, J 2206 E. VILLAGE CT. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUTHERLIN, SANDI 3449 BONITA DR VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TD BECKY CALDERONE 3322 SHEFFIELD CIRCLE SARASOTA, FL 34239 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAKARJIAN, CARNIG C 273 SUGAR MILL DRIVE OSPREY FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E097 (10/00)

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 REQUIRED Bart Calderone 3-20-01 941-488-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President