

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90038 011 ****61.25

DOCUMENT # 762401

1. Entity Name

SARASOTA FRUIT AND NUT SOCIETY, INC.

Principal Place of Business

Mailing Address

POB 536
NOKOMIS FL 34274
US

POB 536
NOKOMIS FL 34274
US

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 59-2170207

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

RICHARD T. BUSHELL
740 SUFFOLK CIRCLE
NOKOMIS FL 34274

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 _____
NAME **VD CANNON, BOB** ☒ Delete
STREET ADDRESS **2011 ALLEN ST**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE _____
NAME **PD Richard T. BUSHELL** ☒ Change ☐ Addition
STREET ADDRESS **740 Suffolk Circle**
CITY-ST-ZIP **Nokomis FL 34275**

TITLE _____
NAME **PD SIMS, DEBRA** ☒ Delete
STREET ADDRESS **330 LYCHEE RD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE _____
NAME **D SIMS, Debra** ☒ Change ☐ Addition
STREET ADDRESS **330 Lychee Road**
CITY-ST-ZIP **Nokomis FL 34275**

TITLE _____
NAME **VD PARKER, RICHARD** ☒ Delete
STREET ADDRESS **1166- 40TH ST.**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE _____
NAME **VD GREENWALD, Robert** ☒ Change ☐ Addition
STREET ADDRESS **2000 South Tamiami Tr.**
CITY-ST-ZIP **Venice FL 34293**

TITLE _____
NAME **SD FOX, BONNIE** ☐ Delete
STREET ADDRESS **312 DALE ST**
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE _____
NAME **VSD BUSHELL, RICHARD T** ☒ Delete
STREET ADDRESS **740 SUFFOLK CIR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE _____
NAME **VD REHMANI Gumar** ☒ Change ☐ Addition
STREET ADDRESS **5408 New Covington Dr.**
CITY-ST-ZIP **Sarasota FL 34233**

TITLE _____
NAME **TVD DUNLEY, ALICE** ☒ Delete
STREET ADDRESS **1508 CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE _____
NAME **TVD BRUCKNER Randal** ☒ Change ☐ Addition
STREET ADDRESS **1940 Canary Island**
CITY-ST-ZIP **Venice FL 34292**

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: **Richard T. Bushell** 27 Jan 02 485 0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)