## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 DOCUMENT # 764035

1. Corporation Name

Corporation Name

VISITORS

SARASOTA CONVENTION AND VISTORS BUREAU, INC.

Principal Place of Business % H. WILLIAM SCOVILL 1605 MAIN STREET #912 SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

26

27

% H. WILLIAM SCOVILL 1605 MAIN STREET #912 SARASOTA FL 34236

Suite, Apt. #, etc.

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90029 014 \*\*\*\*61.25

5 13746 - 90029 - 14 6 \*

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/06/1982

59-2189967

4. FEI Number



23		28				5. Certificate of Status Desired	Fee Re	quired	
Zip	Country	Zip		Country		6. Election Campaign Financing	\$5.00	May Be	
<b>A</b>	25 29 30			آ		Trust Fund Contribution	Added t	o Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			<del></del>	81	Name			ŀ	
SCOVILL, H. WILLIAM 1605 MAIN STREET #912 SARASOTA FL 34236				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
OAI MOOT	A 1 E 04200			84	City		85 Zip 0	Code	
				]**	City		FL   "   = " _		
office or n agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Suct	i change was auth	ionzed by	tne como	corporation submits this statement for the puration's board of directors. I hereby accept t	rpose of changing its the appointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	e. (NOTE: Re	gistered Agen	t signature re	quired when reinstating)	DATE	<del></del> !	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12	
TITLE	D DELETE		1,1 TITLE			Change	☐ Addition		
NAME	MOLDAN, HOWARD			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP					
TITLE	P DELETE		2.1 TITLE			Change	Addition		
NAME	STARR, LARRY			2.2 NAME					
STREET ADDRESS	LONGBOAT ACCOMMODATION	1	-	2.3 STREET	ADDRESS	The state of the s		And in case of the last	
CITY-ST-ZIP	LONGBOAT KEY FL			2.4 CITY-S	T-ZIP			<del></del>	
TITLE	ST	☐ DELETE		3.1 TITLE			Change	Addition	
NAME	CUNNINGHAM, SHARON			3.2 NAME	ĺ				
STREET ADDRESS	1030 SEA SIDE DRIVE			3.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00000 34242			3.4. CITY-S	T-ZIP				
TITLE	D		DELETE	4,1 TITLE		<b>D</b> _	Change	Addition	
NAME	O'HARA, JOHN			4. 2 NAME		PAVID PIERCE			
STREET ADDRESS	l			4.3 STREET	ADDRESS	P. O. Box 602			
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-S	T-ZIP	Venue, FL			
TITLE	D		☐ DELETE	5.1 TITLE		•	Change	☐ Addition	
NAME	PICCOLO, FRED			5.2 NAME	ł		,		
STREET ADDRESS	SARASOTA BRADENTON AIRPO	ORT		5.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE	DIE	BARBARA CHERRY BOSH WESTERN POYN 3907 BAYSHITE RD	☐ Change	Addition	
NAME				6.2 NAME		Best WESTERN Paris	M. Phill		
STREET ADDRESS				6.3 STREET		RANT PARKET DA	SARAGATA	Fi.	
CITY-ST-ZiP				6.4 CITY-ST		2401 Day sure En	1 Samerania	1 1	
14. I hereby	certify that the information supplied wi	ith this filing doe	es not qualify for th	ne exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I fo	urtner certify that the f	ntormation	

indicated on this annual report or supplemental annual 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 12 or Block 13 if chapted for on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

941 955 0991

Not Applicable