

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90002 006 ****61.25

DOCUMENT # 764035

1. Entity Name

SARASOTA CONVENTION AND VISTORS BUREAU, INC.

Principal Place of Business

Mailing Address

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

% H. WILLIAM SCOVILL
 1605 MAIN STREET #912
 SARASOTA FL 34236-5862

B0005295



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

655 N Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

4. FEI Number

59-2189967

Applied For

Not Applicable

Zip

34236

Country

Sarasota

Zip

Country

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

SCOVILL, H. WILLIAM
1605 MAIN STREET #912
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 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 Delete
 NAME **D MOLDAN, HOWARD**
 STREET ADDRESS **BUDGET RENT A CAR**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **D Stephen Mehds**
 STREET ADDRESS **1000 Blvd of the Arts**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE Delete
 NAME **P STARR, LARRY**
 STREET ADDRESS **LONGBOAT ACCOMMODATION**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME **D Michelle Young**
 STREET ADDRESS **301 Gulf of Mexico Dr**
 CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE Delete
 NAME **ST CUNNINGHAM, SHARON**
 STREET ADDRESS **1030 SEA SIDE DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 00000 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PIERCE, DAVID**
 STREET ADDRESS **P.O. BOX 602**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PICCOLO, FRED**
 STREET ADDRESS **SARASOTA BRADENTON AIRPORT**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHERRY, BARBARA**
 STREET ADDRESS **BEST WESTERN ROYAL PALM, 3407 BAYSHORE RD,**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

1-12-00 941 383955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)