

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768241

1. Entity Name

SARASOTA SPORTFISHING ANGLERS CLUB, INC.

Principal Place of Business

Mailing Address

3007 WOODPINE CIRCLE
SARASOTA FL 34231

3007 WOODPINE CIRCLE
SARASOTA FL 34231

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 NOT APPLICABLE

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

ROGER, REGENSBURG
3007 WOODPINE CIRCLE
SARASOTA FL 34231

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	P	<input type="checkbox"/> Delete
NAME	DOTSON, JERRY	
STREET ADDRESS	4212 WOODLAND DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	T	<input type="checkbox"/> Delete
NAME	REGENSBURG, ROGER	
STREET ADDRESS	3007 WOODPINE CR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, MARC	
STREET ADDRESS	2940 SUNSET BEACH DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGUE, TERRY	
STREET ADDRESS	4434 DEER RIDGE PL	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON, KAREN	
STREET ADDRESS	1810 PHILLIPPI SHORES DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roger Thoms Regensburg* 5/1/01 941-921-1536

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 037 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)