

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90157 009 \*\*\*150.00

**DOCUMENT # H28259**

1. Entity Name

**PATRICK'S OF SARASOTA, INCORPORATED**

Principal Place of Business

**C/O CHARLES J BARTLETT  
2033 MAIN ST #600  
SARASOTA FL 34237  
US**

Mailing Address

**C/O CHARLES J BARTLETT  
2033 MAIN ST #600  
SARASOTA FL 34237  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2473709**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BARTLETT, CHARLES J  
2033 MAIN ST  
STE 600  
SARASOTA FL 34237**

## 7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete  
NAME **PATRICK, JOSEPH**  
STREET ADDRESS **350 GULF OF MEXICO DRIVE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **PD** ☐ Delete  
NAME **SULLIVAN, JAMES F. JR.**  
STREET ADDRESS **2234 HIBISCUS STREET**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **TD** ☐ Delete  
NAME **KNOWLES, JOHN**  
STREET ADDRESS **1800 BEN FRANKLIN DR**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **SD** ☐ Delete  
NAME **FEHILY, JOHN J.**  
STREET ADDRESS **2000 TANGLEWOOD DR.**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPD** ☒ Delete  
NAME **FEHILY, MARY E**  
STREET ADDRESS **2000 TANGLEWOOD DR**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOHN J. FEHILY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)