

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90474 047 \*\*\*\*\*61.25

**DOCUMENT # N00000002468**

1. Entity Name

**THE FINANCIAL PLANNING ASSOCIATION OF SARASOTA/M  
ANATEE, INC.**



Principal Place of Business

**3900 CLARK ROAD  
SUITE B5  
SARASOTA FL 34233**

Mailing Address

**3900 CLARK ROAD  
SUITE B5  
SARASOTA FL 34233**

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 **65-0999767**

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

**ALKIRE, CHARLES  
3900 CLARK ROAD  
SUITE B5  
SARASOTA FL 34233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHARLES ALKIRE**

**4-4-02**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **8 D** ☐ Delete  
NAME **BOOHAKER, AMY**  
STREET ADDRESS **7064 WHITEMARSH CIR**  
CITY-ST-ZIP **BRADENTON FL 34202**

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

TITLE **8 D** ☐ Delete  
NAME **LARSEN, JEAN P**  
STREET ADDRESS **JP FIN. CNTR. INC., 119 TAMiami TR #B3900**  
CITY-ST-ZIP **PORT-CHARLOTTE FL 33953-4555**

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **8 D** ☐ Delete  
NAME **ALKIRE, CHARLES**  
STREET ADDRESS **AMERICAN EXPRESS 3900 CLARK RD. STE B-5**  
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **Chairman** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **8 D** ☐ Delete  
NAME **COUTURE, PHILLIP Q**  
STREET ADDRESS **73 S. PALM AVE., SUITE 214**  
CITY-ST-ZIP **SARASOTA FL 34236-5612**

TITLE **Treasurer/Secretary** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **8 D** ☐ Delete  
NAME **PURCELL, JOHN**  
STREET ADDRESS **370 GULF OF MEXICO DR., UNIT 434**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228-4047**

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

TITLE **8 D** ☐ Delete  
NAME **FORBES, FRED**  
STREET ADDRESS **6404 MANATEE AVENUE, W., STE. H**  
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **Paradise** ☐ 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: **SIGNATURE REQUIRED**

**4-4-02**

**941-  
366-3551**

CR2E037 (10/02)