

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003017

1. Entity Name

SARASOTA FOUNDATION FOR HEALTH CARE ALTERNATIVES

Principal Place of Business

1213 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

1213 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

2. Principal Place of Business

1910 Robinhood St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1007818

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

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

TITLE DP  
NAME SWALM, D. CLARK JR  
STREET ADDRESS 1213 SOUTH TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34239

TITLE DV  
NAME SWALM, NICOLE  
STREET ADDRESS 1213 SOUTH TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34239

TITLE DTS  
NAME BENSON, STEVEN  
STREET ADDRESS 4001 9TH STREET NORTH  
CITY-ST-ZIP NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

141 926-8965

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90166 010 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)