

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90115 043 ****61.25

DOCUMENT # N00000003017

1. Entity Name

**SARASOTA FOUNDATION FOR HEALTH CARE ALTERNATIVES
, INC.**

Principal Place of Business

**1910 ROBINHOOD STREET
SARASOTA FL 34231**

Mailing Address

**1213 SOUTH TAMiami TRAIL
SARASOTA FL 34239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1007818

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

7. Name and Address of New Registered Agent

**HUJSA, HOWARD M ESQ
CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 34102**

Name **Joe B. Cox, c/o Cox & Nici**

Street Address (P.O. Box Number is Not Acceptable)

3001 Tamiami Trail No., Suite 100

City **Naples**

FL

Zip Code
34103

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

TITLE **DP** ☒ Change ☐ Addition
NAME **Swalm, D. Clark Jr**
STREET ADDRESS **2509 Casey Key Rd**
CITY-ST-ZIP **Nokomis FL 34275-3359**

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

TITLE **DV** ☒ Change ☐ Addition
NAME **Swalm, Nicole**
STREET ADDRESS **2509 Casey Key Rd**
CITY-ST-ZIP **Nokomis FL 34275-3359**

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

TITLE **DTS** ☒ Change ☐ Addition
NAME **Benson, Steven**
STREET ADDRESS **5811 Pelican Bay Blvd**
CITY-ST-ZIP **Naples FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)