

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002510

1. Entity Name
FOUNTAINS SARASOTA SERVICE CLUB, INC.



Principal Place of Business
**124 E. FOURTH ST., STE. 100
TULSA, OK 74103**

Mailing Address
**124 E. FOURTH ST., STE. 100
TULSA, OK 74103**



01152004 No Chg-NP CR2E037 (1Q/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1612456

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRESHWATER, DAVID
2020 W. RUDASILL
TUCSON, AZ 85704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GROTHMANN, CURTIS
2020 W. RUDASILL
TUCSON, AZ 85704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DORWART, FREDERIC
OLD CITY HALL, 124 E. 4TH ST.
TULSA, OK 74103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000038712
02/06/04-80148-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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

DAVID FRESHWATER

Date

1/19/04

Daytime Phone #

520.742.4252