

2002 UNIFORM BUSINESS REPORT (UBR)

6/6

FILED
Jul 07, 2002 8:00 am
Secretary of State

06-06-2002 90083 027 ****61.25

DOCUMENT # NO1000003045

1. Entity Name

**SERTOMA INTERNATIONAL CLUB, BREAKFAST SERTOMA CL
 UB OF SARASOTA SPONSORSHIP FUND, INC.**

Principal Place of Business

**6465 KAHANA WAY
 SARASOTA FL 34241**

Mailing Address

**6465 KAHANA WAY
 SARASOTA FL 34241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

59-2414958

4. FEI Number

APPROPRIATE FOR

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

**GIBBS, GEOFFREY
 6465 KAHANA WAY
 SARASOTA FL 34241**

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 (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 **P** ☐ Delete
 NAME **GIBBS, GEOFFREY**
 STREET ADDRESS **6465 KAHANA WAY**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **T** ☐ Delete
 NAME **WEINTRAUB, BYRON**
 STREET ADDRESS **2218 SHADOW OAKS RD**
 CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **S** ☐ Delete
 NAME **BOSWELL, DEWEY**
 STREET ADDRESS **5498 BENEVA WOODS WAY**
 CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE **D** ☐ Delete
 NAME **DARWIN BLIX**
 STREET ADDRESS **3731 PRAIRIE DUNES DR**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
 NAME **DAN CROGAN**
 STREET ADDRESS **4834 WILDE POINT DR**
 CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE **D** ☐ Delete
 NAME **KEN LEVANTI**
 STREET ADDRESS **1624 TOWERING OAK DR**
 CITY-ST-ZIP **SARASOTA FL 34233**

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

5/28/02
 Date

9416244877
 Daytime Phone #

CR2E037 (9/01)