

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90087 031 ****61.25

DOCUMENT # N01000003750

1. Entity Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF SARASOTA AND MANATEE COUNTIES, INC.

Principal Place of Business

Mailing Address

1680 FRUITVILLE ROAD, SUITE 102
 SARASOTA FL 34236

1680 FRUITVILLE ROAD, SUITE 102
 SARASOTA FL 34236

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

65-1098603

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

BAND, GREGORY S
 1680 FRUITVILLE ROAD, SUITE 102
 SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SWEETEN, E. CRAIG**
 STREET ADDRESS **BAY VILLAGE APT. 764 8400 VAMO ROAD**
 CITY-ST-ZIP **SARASOTA FL 34231-7899**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **DELMONT BROWN**
 STREET ADDRESS **6459 EGRET LN, APT 424**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **VPD** ☐ Delete
 NAME **HARMAN, WILLIAM J**
 STREET ADDRESS **7522 FAIRLINKS COURT**
 CITY-ST-ZIP **SARASOTA FL 34231-7899**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **EDWIN COX**
 STREET ADDRESS **9604 CORTEZ RD W, APT 212**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **TD** ☐ Delete
 NAME **DALEY, PETER J JR.**
 STREET ADDRESS **6721 ROXBURY DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34231-8119**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **GEORGE HENNESSY**
 STREET ADDRESS **2515 ALAMANDER AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34233**

TITLE **SD** ☐ Delete
 NAME **GELDI, JOHN J JR.**
 STREET ADDRESS **172 YACHT HARBOR DRIVE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **WILLIAM MURPHY**
 STREET ADDRESS **432 E ROSSETTI DR**
 CITY-ST-ZIP **NOKOMIS FL 34275-3541**

TITLE **D** ☐ Delete
 NAME **ANDERSON, ALYSSA M**
 STREET ADDRESS **317 HILLVIEW ROAD 415 SEBASTIAN ST**
 CITY-ST-ZIP **VENICE FL 34293 NORTH PORT FL 34287**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **WILLIAM PORTER**
 STREET ADDRESS **3646 COUNTRY PLACE BLVD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Delete
 NAME **BAND, GREGORY SCOTT**
 STREET ADDRESS **1680 FRUITVILLE ROAD, SUITE 102**
 CITY-ST-ZIP **SARASOTA FL 34236**

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:

E. Craig Sweeten (UBR) **CRAIG SWEETEN**

Date

Daytime Phone #

CR2E037 (9/01)