

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000006009

1. Entity Name

DOWN TOWN SARASOTA ROWING CLUB, INC.



FILED

04 APR 30 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P O BOX 32023  
SARASOTA FL 34239

Mailing Address

P O BOX 32023  
SARASOTA FL 34239



MOORE CR2E037 (11/03)

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

22-3874002

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SELLECK, EDWARD F  
3350 S OSPREY AVE, APT. 111A  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

**SAME**

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. 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	SELLECK, EDWARD F	
STREET ADDRESS	P O BOX 32023	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, DREW	
STREET ADDRESS	P O BOX 32023	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	SUTHERLAND, REBECCA	
STREET ADDRESS	P O BOX 32023	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PIETSCH, LINSLEY	
STREET ADDRESS	P O BOX 32023	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edward F. Selleck** PRESIDENT 4-23-04 (941) 955 5679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #