

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05527

1. Entity Name

SUNCOAST OPTIMIST CLUB OF SARASOTA, INC.

Principal Place of Business

2221 2ND ST  
SARASOTA FL 34237  
US

Mailing Address

PO BOX 1182  
SARASOTA FL 34230  
US

2. Principal Place of Business

Suite, Apt. #, etc.

PO Box 1182

City & State

SARASOTA FL 34230-1182

Zip

34230-1182

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2062290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT L

517 SECOND STREET WEST 717 MANATEE AVENUE, SUITE 200  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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  
After September 13, 2000 min. will be \$236.25

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

TITLE PD  
NAME OLSON, LARS  
STREET ADDRESS 1629 FIRST AVENUE  
CITY-ST-ZIP BRANDENTON FL 34208 ☒ Delete

TITLE SD  
NAME KLEIN, DOROTHY S  
STREET ADDRESS 1015-12TH AVENUE WEST #35  
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE TD  
NAME KELSO, H GEAN  
STREET ADDRESS 3116 53RD ST  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE VD  
NAME PROFFITT, GEORFREY H.  
STREET ADDRESS 2105 SOUTH BRINK AVE.  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE D  
NAME BINZ, BARRY  
STREET ADDRESS 227 GRANT DRIVE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE VD  
NAME JOHNSON, BARBARA  
STREET ADDRESS 3656 KINGSTON BLVD  
CITY-ST-ZIP SARASOTA FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CRAIG A BLETHEN  
STREET ADDRESS PO BOX 3954  
CITY-ST-ZIP SARASOTA FL 34230-3954 ☐ Change ☒ Addition

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

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

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

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

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

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

072500

Date

941-359-1592

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE