

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90116 044 \*\*\*\*61.25

**DOCUMENT # N05527**

1. Entity Name

**SUNCOAST OPTIMIST CLUB OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1182  
 SARASOTA FL 34230  
 US

PO BOX 1182  
 SARASOTA FL 34230  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 50482  
 Suite, Apt. #, etc.

P.O. Box 50482  
 Suite, Apt. #, etc.

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

4. FEI Number

59-2062290

Applied For

Not Applicable

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

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

MILLER, ROBERT L  
 717 MANATEE AVENUE WEST  
 SUITE 200  
 BRADENTON FL 34205

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

Janet M. Jackson

01-28-02

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

(NOTE: Registered Agent signature required when reinstalling)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHROCK, ELIZABETH<br>202 SUNWAY AVENUE<br>SARASOTA FL 34237         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KLEIN, DOROTHY S<br>5026 WATER OAK DRIVE # 107<br>BRADENTON FL 34207 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HIGHTOWER ROAD, RUSSELL<br>3919 ELM STREET<br>ELLENTON FL 34222      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PROFFITT, GEORFREY H.<br>2105 SOUTH BRINK AVE.<br>SARASOTA FL 34239  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLETHEN, CRAIG<br>3939 2ND STREET<br>SARASOTA FL 34235                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JOHNSON, BARBARA<br>3656 KINGSTON BLVD<br>SARASOTA FL 34238          | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Janet M. Jackson<br>3060 Dividing Crk. Dr.<br>Sarasota, FL. 34232 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Hightower, Russell   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 3939 42nd Street  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Janet M. Jackson

01-28-02 941-359-1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)