

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09154

1. Entity Name

WISCONSIN ALUMNI ASSOCIATION OF SARASOTA-MANATEE

Principal Place of Business

C/O ALLAN E. JONES  
3665 BEE RIDGE RD #110  
SARASOTA FL 34233-1048

Mailing Address

C/O ROBERT BOGER  
1262 SPOONBILL LANDING CIRCLE  
BRADENTON FL 34209  
US

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

65-0039321

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

TREVETHALI, MARILYN  
1268 SPOONBILL LANDINGS CR  
BRADENTON, FL 34209

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	D	<input type="checkbox"/> Delete
NAME	DEVOS, DOUGLAS	
STREET ADDRESS	7713 4TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEITH, JONES	
STREET ADDRESS	715 PINE RUN DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGER, ROBERT	
STREET ADDRESS	1262 SPOONBILL LANDINGS CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, MARILYN	
STREET ADDRESS	1511 SCARLET OAK LANE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIS, BILL	
STREET ADDRESS	604 JACAPANDA ROAD	
CITY-ST-ZIP	ANNA MARIA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JUANITA	
STREET ADDRESS	4310 FALMOUTH DT, #A-104	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOS, DOUGLAS	
STREET ADDRESS	7713 4TH AVE WEST	
CITY-ST-ZIP	BRADENTON, FL, 34209	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KEITH H.	
STREET ADDRESS	2110 TIMUCUA TRAIL	
CITY-ST-ZIP	NOKOMIS, FL, 34275	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGER, ROBERT	
STREET ADDRESS	1262 SPOONBILL LANDINGS, Cir	
CITY-ST-ZIP	BRADENTON, FL, 34209	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, MARILYN	
STREET ADDRESS	1511 SCARLET OAK LANE	
CITY-ST-ZIP	BRADENTON, FL, 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARK, GEORGE	
STREET ADDRESS	1935 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL, 34228	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JUANITA	
STREET ADDRESS	4310 FALMOUTH DR, APT. 104	
CITY-ST-ZIP	LONGBOAT, KEY, FL, 34228	

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:

*Douglas L. Devos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

2-15-00

(941) 794-1821

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE