2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N11654** May 15, 2000 8:00 am Secretary of State SERTOMA CLUB OF GREATER SARASOTA, INC. 05-15-2000 90095 039 ****61.25 Mailing Address Principal Place of Business P.O. BOX 1611 P.O. BOX 1611 SARASOTA FL 34230-1611 SARASOTA FL 34230 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-6213279 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCLAIN, GEORGE R 1800 SECOND STREET, SUITE 717 SARASOTA FL 34236 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Delete T Change ☐ Addition TITLE TITLE BENNETT, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 7304 BROUGHTON ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 PD **C**hange SD ☐ Addition ☐ Delete TITLE TITLE HICKS, DAVID NAME STREET ADDRESS STREET ADDRESS 4908 OLD OAKLEAF DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TD M Delete Change ☐ Addition TITLE DARNELL, ROBERT W NAME STREET ADDRESS STREET ADDRESS 2033 MAIN ST SUITE 400 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 Change Addition Addition TITLE ☐ Delete TITLE DEAN, JAMES M NAME NAME 407 0 RINGWOOD MEADOWS STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change X Addition MICURRY NEIL NAME NAME 1651 FLOYD STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: JAMES MILES JAMES MILES WILLIAM SECTION OF S

ant with an address, with all other like empowered.

changed, or on an attachm