2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N11654

1. Entity Name



SERTOMA CLUB OF GREATER		
Principal Place of Business	Mailing Address	
P.O. BOX 1611 SARASOTA FL 34230 US	P.O. BOX 1611 SARASOTA FL 34230 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
City & State	City & State	,

FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90090 010 ****61.25

						WE	1				
SARASOTA FL 34230		P.O. 8	Mailing Address P.O. BOX 1611 SARASOTA FL 34230 US								
Principal Place of Business Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			S				
City & State			С	City & State		,	4. FEI Number 59-6213279			Applied For Not Applicable	<u>_</u>
Zip		Country	Ži	р	Country		5. Certificate of Si	tatus Desired	\$8.75 A	dditional	1
	6. Name	and Address of Current	Register	ed Agent	<u></u>		7. Name and Add	Iress of New Registe	red Agent		┨
					Name				Agont		┥
MCLAIN, GEORGE R 1800 SECOND STREET, SUITE 717 SARASOTA FL 34236			Street	Street Address (P.O. Box Number is Not Acceptable)							
					City				FL Zip Co	de	\dashv
8. The above the obligation	named entity	submits this statement for series agent.	or the purp	ose of changing its	registered office	or register	ed agent, or both, in		1	ı, and accept	$\frac{1}{2}$
_	•					·					
SIGNATURE		or printed name of registered agent	and title if app	olicable. (NOTE	: Registered Agent sign	ature required	when reinstating)	DA	ATE		
	FILE NOW	: FEE IS \$61.25		9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees		neck Payable partment of		
10.		OFFICERS AND DII	RECTORS		11.			ES TO OFFICERS ANI) DIRECTORS II	N 10	-
TITLE	PD			Toloto	TITLE	ICD)	LO TO OTTICENO AIN	Change		่ ส
NAME	BOBBITT, I	RUSS		7000	NAME				Change	☐ Addition	(10/02)
STREET ADDRESS	2301 RING				STREET ADDRESS						
CITY-ST-ZIP	SARASOTA				CITY-ST-ZIP						F037
TITLE	VD			Delete		PD					12
NAME	FAUST, MA	ARTIN		□ Delete	TITLE NAME	PD			Change	Addition Addition	5
STREET ADDRESS	1687 SOU				STREET ADDRESS		-				
CITY-ST-ZIP	l .	FL 34239			CITY-ST-ZIP						
TITLE	SD	112.01200									-
NAME	RANDLE, T	HOMAS		Delete	TITLE NAME				☐ Change	Addition	
_		EDAR LANE			STREET ADDRESS						
CITY-ST-ZIP	SARASOTA				CITY-ST-ZIP						ĺ
	CD	11 6 37271				<u> </u>					1
TITLE NAME	MCCURRY,	NEH		Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	1651 FLOY				NAME						
CITY-ST-ZIP	SARASOTA				STREET ADDRESS						
	TD	1 1 2 37403			CITY-ST-ZIP	 					1
TITLE NAME	WESSEL, T	HOMAS		☐ Delete	TITLE				☐ Change	☐ Addition	{
	2151 MAIN				NAME STORET ADDOCCO						1
CITY-ST-ZIP	SARASOTA				STREET ADDRESS] '
	SANASUIA	1 L 3763/			CITY-ST-ZIP	 \					
TITLE	34			Delete	TITLE	50	a 1122-1.		☐ Change	Addition	
NAME STREET ADDRESS					NAME	431	4 HAGELP	9AN WG CROSS L 34141	0		
CITY-ST-ZIP					STREET ADDRESS	4/0	I CHARK	INIT CEUSS	CIRCLE		
0111-01-4IF					CITY-ST-ZIP	DAR	LASOTA, FO	34241			

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:

P.ETHIMASEJ)WESSEL

941-365-1145