

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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90956 038 \*\*\*\*61.25

**DOCUMENT # N13003**

1. Entity Name

**METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXILIARY, INC.**



Principal Place of Business

Mailing Address

1660 RINGLING BLVD  
6TH FLOOR, FIRE DEPT  
SARASOTA FL 34236  
US

PMB 411  
4411 BEE RIDGE RD  
SARASOTA FL 34233  
US

**55040634**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1072259**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RICE, JOHN JR.**  
**5633 COUNTRY WALK LANE**  
**SARASOTA FL 34233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John M. Rice Jr.*

(NOTE: Registered Agent signature required when reinstating)

**1/10/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRYSON, BETH</b> - change to board member <input type="checkbox"/> Delete <b>5376 STARWOOD PLACE</b> <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>MCDANIELS, STACY</b> <b>3613 CHESHIRE SQUARE CIRCLE</b> <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <input checked="" type="checkbox"/> Delete <b>HALL, KEITH</b> <b>4117 CENTERGATE BLVD.</b> <b>SARASOTA FL 34232</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>TOLSMAN, ROBERT K</b> <b>1545 FLEETWOOD DRIVE</b> <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lynne C. Hall</b> <input checked="" type="checkbox"/> Delete <b>4117 Centergate Blvd</b> President <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Delbert Miller</b> <b>4307 Berkshire Dr</b> <b>SARASOTA FL 34241</b> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Delbert Miller</b> Board member <b>4307 Berkshire Dr</b> <b>SARASOTA FL 34241</b> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pres Director</b> <b>Gina M. Girdano</b> <b>300 MIAMI ST</b> <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sec. / Director</b> <b>TINA M. GORDON</b> <b>44 KALAMAZOO PL</b> <b>SARASOTA FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Adm Inflow</b> Bd Dir <b>5443 Cordova</b> <b>SARASOTA FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michelle Parola</b> Bd Dir <b>4308 Olive Ave</b> <b>SARASOTA FL 34231</b>
TITLE NAME STREET ADDRESS 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)(f), 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:

*John M. Rice Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/03**

**941-374-9525**  
Daytime Phone #

CR2037 (10/02)