

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90006 003 \*\*\*\*61.25

**DOCUMENT # N14774**

1. Entity Name

**1617 TUTTLE ASSOCIATION, INC.**

Principal Place of Business

**1617 S. TUTTLE AVE.  
 SARASOTA FL 34239**

Mailing Address

**P.O. BOX 2253  
 SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

**2831 Ringling Blvd**

Suite, Apt. #, etc.

**# 119 E**

Suite, Apt. #, etc.

City & State

City & State

**Sarasota FL**

Zip

Country

Zip

**34237**

Country

**USA**

4. FEI Number

**59-2750205**

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

**BUCKHOLTZ, GARY A CPA  
 2831 RINGLING BLVD  
 SUITE 119-E  
 SARASOTA FL 34237**

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 **PD** ☐ Delete  
 NAME **DUNN, TED**  
 STREET ADDRESS **1617 TUTTLE AVE S**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **Vice President, Director** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **GIORGETTI, PAUL**  
 STREET ADDRESS **1617 S. TUTTLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **President, Director** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **BUBINAK, JOSEPH F.**  
 STREET ADDRESS **1617 S. TUTTLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MCCONNELL, GREG**  
 STREET ADDRESS **1617 S. TUTTLE AVE.**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **Director** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Treasurer/Secretary** ☐ Change ☒ Addition  
 NAME **Gary A. Buckholtz COO**  
 STREET ADDRESS **2831 Ringling Blvd #119E**  
 CITY-ST-ZIP **Sarasota FL 34237**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** ✓  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/13/01 (941) 957-1771**

CR2E037 (10/00)