

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90001 034 \*\*\*61.25

**DOCUMENT # N18336**

1. Entity Name

**SARASOTA-MANATEE CORNELL CLUB, INC.**

Principal Place of Business

Mailing Address

315 DULMER DR.  
 NOKOMIS FL 34275  
 US

315 DULMER DR  
 NOKOMIS FL 34275-4132  
 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

**59-6196813**

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~~

**PLYE, DAVID G.  
 315 DULMER DR.  
 NOKOMIS FL 34275**

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 **BOCK, DEAN**  
 STREET ADDRESS **1304 N LAKE SHORE DR**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PD**  Change  Addition  
 NAME **BETTLE, PATTY**  
 STREET ADDRESS **1660 STONE RIDGE TERR**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **TD**  Delete  
 NAME **PLYE, DAVID**  
 STREET ADDRESS **315 DULMER DR.**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D**  Change  Addition  
 NAME **BOCK, DEAN**  
 STREET ADDRESS **1304 N LAKE SHORE DR**  
 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **SD**  Delete  
 NAME **STRONG, LEAH**  
 STREET ADDRESS **2925 WOOD PINE CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D**  Change  Addition  
 NAME **HANNAN, ELIZABETH Z.**  
 STREET ADDRESS **444 MOURDE DR**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D**  Delete  
 NAME **PETER, MARJORIE**  
 STREET ADDRESS **SUNTRUST 1777 MAIN ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PLYE, JANE W**  
 STREET ADDRESS **7979 TAMiami TR #262**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **BETTLE, PATTY**  
 STREET ADDRESS **1660 STONE RIDGE TERR.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

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: **David G. Pyle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

941-488-8174

Date

Daytime Phone #

CR2E037 (9/99)