

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2002 8:00 am**
Secretary of State

01-16-2002 90003 030 ****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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6196813**

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

**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 \$61.259. 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 **BETTLE, PATTY**
STREET ADDRESS **1660 STONE RIDGE TERR**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE **PD** ☒ Change ☐ Addition
NAME **ZURN, FRANK**
STREET ADDRESS **1217 WATERSIDE LN**
CITY-ST-ZIP **VENICE, FL 34292**TITLE **TD** ☐ Delete
NAME **PLYE, DAVID**
STREET ADDRESS **315 DULMER DR.**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **STRONG, LEAH**
STREET ADDRESS **2925 WOOD PINE CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BOCK, DEAN**
STREET ADDRESS **1304 N LAKE SHORE DR**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PLYE, JANE W**
STREET ADDRESS **315 DULMER DR**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HANNAN, ELIZABETH**
STREET ADDRESS **444 MONROE DR**
CITY-ST-ZIP **SARASOTA FL 34236**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**1/7/02**
Date**941-488-8174**
Daytime Phone #

CR2E037 (9/01)