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

DOCUMENT # N22826

1. Entity Name

THE BETTER GOVERNMENT ASSOCIATION OF SARASOTA CO



03-21-2003 90096 020 ****61.25

Mar 21, 2003 8:00 am Secretary of State

FILED

1	INC.					7				
P.O. BOX 18483		Mailing Address P.O. BOX 18483 SARASOTA FL 34276-			VAACLOOT					
2. Principal Place of Business			3. Mailing Address							
Suite A	pt. #. etc.						NIA ITUDI TUTIN HANA BINI DENIN N	INGU BIBUI DIBUI (ilbli 0(0)) (0)	
City & State		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
		City & State			4. FEI Number 65-0020546 Applied For					
. Zip Country		Zip Country					Not Applicable			
		,	, , , , , , , , , , , , , , , , , , , ,		5. Certificate of Status Desired \$8.75 Additional Fee Required					
<u>-</u>	6. Name	and Address of Curren	t Registered Agent			7. Name and Add	ress of New Registered			
RROWN					Name -		and the second second		- - -	
Brown, David L 4170 Hearthstone Dr Sarasota Fl 34238				Street Address (P.O. Box Number is Not Acceptable)				
SAHAS	OTA FL 3423	3						 -		
					City		Fi	Zip Co		
8. The above the obligation	ve named entity ations of registe	submits this statement for	or the purpose of changing	its registere	ed office or register	red agent, or both, in t	he State of Florida. I am	familiar with	and accept	
SIGNATURE		or printed name of registered agent	and title if applicable. (I	NOTE: Registered	Agent signature required	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTOR			Trust Fun	Trust runa Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
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NAME		OFFICERS AND DI	······································	11.		L ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	V 10	
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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:

TAICTURE GEOUDAND L. BROWN 3-18-03

(941) 966-1613