

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23143

1. Entity Name

SARA MANA ANTIQUE DEALERS ASSOCIATION, INC.

Principal Place of Business

539 S. PINEAPPLE  
SARASOTA FL 34236  
US

Mailing Address

539 S. PINEAPPLE  
SARASOTA FL 34236  
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VINALES, JACK  
539 S. PINEAPPLE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

JUNE LEWIS

Street Address (P.O. Box Number is Not Acceptable)

4760 CALUMET AVE

City

SARASOTA

FL

Zip Code

34234

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

JUNE LEWIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REESE, CAROL	
STREET ADDRESS	3030 HATTON STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLADCIK, KATHY	
STREET ADDRESS	PO BOX 10643	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOHR, MICKY	
STREET ADDRESS	2230 SUNNYSIDE LN	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, JUNE	
STREET ADDRESS	4760 CALUMET AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMACK, TONY	
STREET ADDRESS	245 BIRD KEY DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JUNE LEWIS

1/18/01

(941)351-1324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90141 049 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)