

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 042 ****61.25

DOCUMENT # N29498

1. Entity Name

SARASOTA COUNCIL OF CONCERN, INC.

Principal Place of Business

Mailing Address

**1442 FRUITVILLE ROAD
 SARASOTA FL 34236**

**1442 FRUITVILLE ROAD
 SARASOTA FL 34236-4912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0086792

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

**WILLIAMS, M.R.
 3448 PINE VALLEY
 SARASOTA FL 34239**

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 **D** ☐ Delete
 NAME **EWALT, FLOYD W REV**
 STREET ADDRESS **1528 SPRINGWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34232-3347**

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

TITLE **D** ☐ Delete
 NAME **SWAIN, CONSTANCE B.**
 STREET ADDRESS **4662 GLEASON AVENUE**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **P** ☐ Delete
 NAME **ALLEN, CRAIG**
 STREET ADDRESS **PALM AVENUE VILLAS**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☒ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **KANGAS, KAY**
 STREET ADDRESS **3040 GOODWATER STREET**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
 NAME **WILLIAMS, M.R.**
 STREET ADDRESS **3448 PINE VALLEY DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VP2** ☐ Delete
 NAME **WHITE, JEAN**
 STREET ADDRESS **2678 GOLF COURSE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☐ Delete
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: H. Craig Allen

H. Craig Allen 365577