

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33709

1. Entity Name

SARASOTA LODGE NO. 1519 BENEVOLENT AND PROTECTIV

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90045 023 ****61.25

0076113

Principal Place of Business

2635 FRUITVILLE ROAD
SARASOTA FL 34237

Mailing Address

2635 FRUITVILLE ROAD
SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0523343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIBISI, S R
2324 RIVERWOOD PINES DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

BRUNO, WILLIAM

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

3760 HIDDEN FOREST WAY

City

SARASOTA

FL

Zip Code

34235

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 WILLIAM BRUNO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

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 D
NAME TATUM, WILLIAM
STREET ADDRESS 1887 CHIMNEY CREEK PL
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE D
NAME TURNER, ROBERT C
STREET ADDRESS 3729 ALLENWOOD DR.
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE DP
NAME BIBISI, S R
STREET ADDRESS 2324 RIVERWOOD PINES DRIVE
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME WILLIAM BRUNO
STREET ADDRESS 3760 HIDDEN FOREST WAY
CITY-ST-ZIP SARASOTA FL 34235-5112 ☐ Change ☒ Addition

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

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

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

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

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

9413588757

Daytime Phone #

CR2E037 (10/00)