

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35246

1. Entity Name

SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90057 002 ****61.25

Principal Place of Business

Mailing Address

4675 S. TAMiami TR.
 SARASOTA FL 34231

4675 S. TAMiami TR.
 SARASOTA FL 34231-3416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1147342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, VELTON
4551 HIDDEN FOREST
SARASOTA FL 34232

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 Delete
 NAME **PD HODGES, VELTON**
 STREET ADDRESS **4551 HIDDEN FOREST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MAYER, CHRISTINE**
 STREET ADDRESS **3933 COUNTRY VIEW LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **TD Noreen Klang**
 STREET ADDRESS **2280 Browning St.**
 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE Delete
 NAME **SD BRUCE BLUM**
 STREET ADDRESS **2735 LYLE ST.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GARDNER, PATRICIA**
 STREET ADDRESS **5388 ASHLEY PKWY**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Velton V. Hodges
Velton V. Hodges

01/13/00

941-922-9022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 00750001