

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90034 034 ****61.25

DOCUMENT # N35246

1. Entity Name

SARASOTA CLASSIFIED/TEACHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4675 S. TAMiami TR.
 SARASOTA FL 34231**

**4675 S. TAMiami TR.
 SARASOTA FL 34231**

907967



DO NOT WRITE IN THIS SPACE

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

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

Velton Hodges

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

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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

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

TITLE: TD
 NAME: KLANG, NOREEN Delete
 STREET ADDRESS: 2280 BROWNING ST
 CITY-ST-ZIP: SARASOTA FL 34237

TITLE: TD Change Addition
 NAME: KLANG, NOREEN
 STREET ADDRESS: ~~2280~~ 2546 Prospect St
 CITY-ST-ZIP: SARASOTA, FL 34239

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

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

TITLE: VD
 NAME: GARDNER, PATRICIA Delete
 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 Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

Daytime Phone #

CR2E037 (10/00)