2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MEN 1 # N35438 CLUB OF SARASOTA, INC.				etary of Sta		_
Principal Place of Business		Mailing Address				•	
SARASOTA FL 34276		SARASOTA FL 34276					
2. Principal Place of Business P.O. BOX 21722		3. Mailing Address P.O. BOX 21722					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	DO NOT WRITE IN THIS SPACE		
City & State SARASOTA FL		City & State		4. FEI Number 65-0164309	4. FEI Number Applied For 65-0164309 Not Applicable		
Zip 34276	Country us	Zip 34276	Country	5. Certificate of S	Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registered	Agent	
WOLLSTAD			Name WOLLSTADT ROGER				
3960 KINGST	TON DRIVE		Street Address (P.O. Box Number is Not Acceptable) 3960 KINGSTON DRIVE				
SARASOTA 34238	FL US						
			City SARASO		FI	Zip Cod 34238	е
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office of	or registered agent, or both, in	the state of Florida.		
SIGNATURE	ROGER WOLLSTADT Signature, typed or printed name of registered agent.		Registarad Agent signa	ature required when reinstating)	03/25 DATE	5/2000	
FILE NOW: 9. Election Campaign Financing FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State							
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANG	SES TO OFFICERS AND D	RECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STPEET ADDRESS CITY-ST-ZIP	VD SIMONSON PIA 4739 COUNTRY MANOR I SARASOTA	DRIVE FL	☐ Change 34233	▼ Addition
TITLE NAME	VD	☐ Delete	TITLE	D			Addition
STREET ADDRESS	FRISTROM LEONARD 4814 POST POINTE DRIVE		NAME STREET ADDRESS	FRISTROM LEONAL 4814 POST POINTE DRIVI			
CITY-ST-ZIP TITLE	SARASOTA	FL Drive	CITY-ST-ZIP	SARASOTA	FL	34233	
NAME	JOHNSON KATHERINE	☐ Delete	TITLE NAME	JOHNSON KATHEI	RINE	X Change	Addition
STREET ADDRESS CITY-ST-ZIP	3785 AMAPOLA LANE SARASOTA	FL	STPEET ADDRESS CITY-ST-ZIP	3785 AMAPOLA LANE SARASOTA	FL	34238	
TITLE	D	☐ Delete	TITLE	Ď		X Change	Addition Addition
NAME STREET ADDRESS	NILBRINK ULLA 650 GOLDEN GATE PT STE 601		NAME STREET ADDRESS	NILBRINK ULLA 650 GOLDEN GATE PT ST	ГЕ 601		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	SARASOTA	FL	34236	
NAME STREET ADDRESS	PD PERSSON INGEMAR 5315 PALOS VERDES DR	☐ Dalete	TITLE NAME STREET AODRESS	PD PERSSON INGEMA 5315 PALOS VERDES DR	1	X Change	☐ Addition
CITY-ST-ZIP	SARASOTA FL TD	☐ Deleie	CITY-ST-ZIP	SARASOTA STD	FL	34231 Change	☐ Addition
NAME STREET ADDRESS	WOLLSTADT ROGER 3960 KINGSTON DRIVE		NAME STREET ADDRESS	WOLLSTADT ROGE 3960 KINGSTON DRIVE			
CITY-ST-ZIP	SARASOTA	FL	CITY-ST-ZIP	SARASOTA	FL	34238	

^{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.