

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N35438****1. Entity Name**  
SWEDISH CLUB OF SARASOTA, INC.

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| <b>Principal Place of Business</b><br>P.O. BOX 21722<br><br>SARASOTA FL 34276 US | <b>Mailing Address</b><br>P.O. BOX 21722<br><br>SARASOTA FL 34276 US |
|--|--|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country |
|---|---|

|   |  |
|---|--|
| <b>4. FEI Number</b><br><b>65-0164309</b> | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
|---|--|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>WOLLSTADT ROGER<br>3960 KINGSTON DRIVE<br><br>SARASOTA FL 34238 US | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |
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**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.**

|  |                           |
|--|---------------------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable.<br>(NOTE: Registered Agent signature required when reinstalling) | <b>04/02/2001</b><br>DATE |
|--|---------------------------|

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Department of State</b> |
|---|--|------------------------------------|--|

| <b>10. OFFICERS AND DIRECTORS</b>                     |  |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |  |
|---|--|---------------------------------|--|--|--|--|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br>SIMONSON PIA<br>4739 COUNTRY MANOR DRIVE<br>SARASOTA FL 34233   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br>SWANSON RAGNAR<br>5409 PLAZA DE LAS PALMAS<br>SARASOTA FL 34242 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>FRISTROM LEONARD<br>4814 POST POINTE DRIVE<br>SARASOTA FL 34233  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SD</b><br>FRISTROM LEONARD<br>4814 POST POINTE DRIVE<br>SARASOTA FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>JOHNSON KATHERINE<br>3785 AMAPOLA LANE<br>SARASOTA FL 34238      | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>NILBRINK ULLA<br>650 GOLDEN GATE PT STE 601<br>SARASOTA FL 34236 | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>PERSSON INGEMAR<br>5315 PALOS VERDES DR<br>SARASOTA FL 34231    | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br>PERSSON INGEMAR<br>5315 PALOS VERDES DR<br>SARASOTA FL 34231     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br>WOLLSTADT ROGER<br>3960 KINGSTON DRIVE<br>SARASOTA FL 34238    | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD</b><br>WOLLSTADT ROGER<br>3960 KINGSTON DRIVE<br>SARASOTA FL 34238     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>SIGNATURE:</b> Roger Wollstadt | <b>TD</b> | <b>04/02/2001</b> |
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CR2E037 (11/00)

**CONNIE FREEBERG   D**  
**5858 MIDNIGHT PASS ROAD**  
**#54**  
**SARASOTA, FL 34242**

**ULF SANDSTROM   VD**  
**1722 NORTH DRIVE**

**SARASOTA, FL 34239**

**CONNIE FREEBERG   D**  
**5858 MIDNIGHT PASS ROAD**  
**#54**  
**SARASOTA, FL 34242**

**ULF SANDSTROM   VD**  
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