2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35438

Entity Name: SWEDISH CLUB OF SARASOTA, INC.

FILED Apr 14, 2002 8:00 AM Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Place of Business:			
P.O. BOX 2 SARASOTA	1722 A, FL 34276	US				
Current Mailing Address:			New Mailing Address:			
P.O. BOX 2 SARASOTA	1722 A, FL 34276	US				
FEI Number:	65-0164309	FEI Number Applied For () FEI Nu	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
3960 KING\$	OT, ROGER STON DRIVE A, FL 34238	US				
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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	TD () E WOLLSTADT, RO 3960 KINGSTON SARASOTA, FL	DRIVE	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PERSSON, INGE 5315 PALOS VER SARASOTA, FL	RDES DR	Title: Name: Address: City-St-Zip:	VD (X) C SANDSTROM, UI 1722 NORTH DR SARASOTA, FL	IVE	
Title: Name: Address: City-St-Zip:	D () E NILBRINK, ULLA 650 GOLDEN GA SARASOTA, FL		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, KATHERINE 3785 AMAPOLA LANE SARASOTA, FL 34238 US		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () E FRISTROM, LEO 4814 POST POIN SARASOTA, FL	TE DRIVE	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	PD ()E SWANSON, RAG 5409 PLAZA DE I SARASOTA, FL	LAS PALMAS	Title: Name: Address: City-St-Zip:	()(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER WOLLSTADT TD 04/14/2002

JUDY BOCKMAN D 307 BOBBY JONES ROAD SARASOTA, FL 34232

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