

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42043

1. Entity Name

THE SOUTHSIDE VILLAGE MERCHANTS' ASSOCIATION, IN

Principal Place of Business

1924 S OSPREY AVE
SARASOTA FL 34239
US

Mailing Address

1924 S OSPREY AVE
SARASOTA FL 34239-3616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3050780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD
NAME LEBAR, MARIANN
STREET ADDRESS 1815 S OSPREY AVE
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE SD
NAME JONES, SAM
STREET ADDRESS 1901 OSPREY
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE D
NAME MORTON, EDDIE
STREET ADDRESS 1924 S OSPREY AVE
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE D
NAME TRUITT, PAM
STREET ADDRESS 1700 S TAMAMI TR
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE TTD
NAME COFFRIN, TERRY
STREET ADDRESS 1829 OSPREY AVE
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE D
NAME OLSEN, PAM
STREET ADDRESS 1920 HILLVIEW GRILL
CITY-ST-ZIP SARASOTA FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

6-20-00