

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

04-28-2003 91441 010 ****61.25

DOCUMENT # N45669

1. Entity Name

SARAMANA ADI, INC.

Principal Place of Business

4411 BEE RIDGE ROAD
SUITE 610
SARASOTA FL 34233

Mailing Address

4411 BEE RIDGE ROAD
SUITE 610
SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0312552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, BARBARA
4411 BEE RIDGE ROAD
SUITE 610
SARASOTA FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **ERICKSON, BARBARA**
STREET ADDRESS **4451 CHARING CR RD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **PD** ☒ Delete
NAME **CRAWFORD, RUSSELL**
STREET ADDRESS **5484 ASHTON MANOR DRIVE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **SD** ☒ Delete
NAME **MOORE, HELEN D**
STREET ADDRESS **11206 LONGWOOD CT.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **KENNETH P. Coulton**
STREET ADDRESS **1524 Bay Vista Way**
CITY-ST-ZIP **Venice, FL 33592**

TITLE **SGC TREASURER** ☐ Change ☒ Addition
NAME **TIMOTHY G. HORVATH**
STREET ADDRESS **2057 DEL-AIR STAR PKWY**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **SANDY ARMENTROUT**
STREET ADDRESS **19 N. BLVD. OF PRESIDENTS**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VIC PRESIDENT** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

55049622

☐ CHECK HERE IF MAKING CHANGES

CR020307 (10/02)