

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46119

1. Entity Name

SARASOTA HEART FOUNDATION, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90010 002 ****61.25

Principal Place of Business

1540 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

1540 S. TAMiami TRAIL
SARASOTA FL 34239-2940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0293169

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~C. TED FRENCH, ESQUIRE~~
1750 RINGLING BLVD.
SARASOTA FL 34238

TOM BLANKENSHIP
1540 S. TAMiami TR
SARASOTA, FL 34239

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINDOM, ROBERT	
STREET ADDRESS	1562 S DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SORAN, SUZANN	
STREET ADDRESS	403 MEADOWLARK DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATARAJAN, PONNUSWAMY	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LISS, GEOFFREY B.	
STREET ADDRESS	1540 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FRENCH, C. TED	
STREET ADDRESS	1750 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, PATRICK L	
STREET ADDRESS	1ST STATE BANK 2323 STICKNEY PT RD	
CITY-ST-ZIP	SARASOTA FL	

TITLE	Fischer, Ernie & Kitty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8305 Alexandria Court	
STREET ADDRESS	Sarasota, FL	
CITY-ST-ZIP	34238-3377	
TITLE	Scott, Lea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5179 Little Brook Court	
STREET ADDRESS	Sarasota, FL	
CITY-ST-ZIP	34243	
TITLE	Wendland, Fred & Gloria	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2804 Grove St	
STREET ADDRESS	Sarasota, FL	
CITY-ST-ZIP	34239	
TITLE	Leffert, Bert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5619 Palm Ave Dr	
STREET ADDRESS	Sarasota, FL	
CITY-ST-ZIP	34243	
TITLE	Keezer, Betty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6936 Cortez Ave	
STREET ADDRESS	Sarasota, FL	
CITY-ST-ZIP	34231	
TITLE	Gundheimer, Dorothy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1925 Gulf of Mexico Dr	
STREET ADDRESS	Longboat Key, FL	
CITY-ST-ZIP	34228	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

CR2E037 (9/99)