

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46119**

1. Entity Name

SARASOTA HEART FOUNDATION, INC.

Principal Place of Business

**1540 S. TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address

**1540 S. TAMiami TRAIL
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL 34239

Zip

Country

Zip

Country

34239-6905 Sarasota

6. Name and Address of Current Registered Agent

**BLANKENSHIP, TOM
1540 S. TAMiami TRAIL
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **SANDRA W. HARTNETT**

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

**15 PARADISE PLAZA
219**City **SARASOTA**

FL

Zip Code **34239**

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

SIGNATURE

Sandra W Hartnett**Sandra W Hartnett****9/5/02**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**After September 13, 2002,
min. will be \$236.25.**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 NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, ERNIE & KITTY 8305 ALEXANDRA COURT SARASOTA FL 34238-3377	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LEA 5179 LITTLE BROOK COURT SARASOTA FL 34243	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFFERT, BERT 5619 PALM AVE DRIVE SARASOTA FL 34243	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRENCH, C. TED 1750 RINGLING BLVD. SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDHEIMER, DOROTHY 1925 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTNETT, SANDRA W. 15 PARADISE PLAZA #215 SARASOTA, FL 34239	☐ 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
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TITLE NAME STREET ADDRESS 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:

Sandra W Hartnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 (941) 955-1433 ext 1321

Date

Daytime Phone #

FILED

02 OCT 21 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)