

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-04-2003 90064 038 *****61.25

DOCUMENT # N93000003523

1. Entity Name

THE SCOTTISH HERITAGE SOCIETY OF SARASOTA, INC.



Principal Place of Business

P O BOX 14065
SARASOTA FL 34278

Mailing Address

P O BOX 14065
SARASOTA FL 34278

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 **65-0423949**

Applied For

Not Applicable

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

HANSON, MARK A ESQUIRE
2033 MAIN ST, SUITE 301
SARASOTA FL 34237

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. 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: ☒ Delete
NAME: **MURRAY, ANN**
STREET ADDRESS: **3708 LEI DR**
CITY-ST-ZIP: **SARASOTA FL 34232**

TITLE: ☐ Delete
NAME: **VP**
NAME: **BLACK, JANETTE**
STREET ADDRESS: **272 LEEWARD DR**
CITY-ST-ZIP: **CAPE HAZE FL 33948**

TITLE: ☐ Delete
NAME: **T**
NAME: **PAULSON, PAMELA**
STREET ADDRESS: **301 OAK HILL DR**
CITY-ST-ZIP: **SARASOTA FL 34232**

TITLE: ☒ Delete
NAME: **DS**
NAME: **LEE, SHEILA**
STREET ADDRESS: **5897 WILSON RD**
CITY-ST-ZIP: **VENICE FL 34293**

TITLE: ☐ Delete
NAME: **DS**
NAME: **MACCONNELL, BETTY**
STREET ADDRESS: **4117 VALLARTA CT**
CITY-ST-ZIP: **SARASOTA FL 34233**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☒ Addition
NAME: **P.D.**
STREET ADDRESS: **DUNCAN RILEY**
CITY-ST-ZIP: **5127 55th ST GULFW
BRADENTON FL 34210**

TITLE: ☐ Change ☒ Addition
NAME: **DS**
NAME: **SUSAN MOIR**
STREET ADDRESS: **6101-34th ST W #179**
CITY-ST-ZIP: **BRADENTON FL 34210**

TITLE: ☐ 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:

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)(l), 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:

PAMELA E. PAULSON

3/29/03

941-266-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)