

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000664

1. Entity Name

PFLAG - SARASOTA, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90171 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4618 TRAILS DRIVE  
SARASOTA FL 34232

4618 TRAILS DRIVE  
SARASOTA FL 34232-3480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0470382

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

KANETSKY, MURRAY  
227 NOKOMIS AVENUE SOTH  
VENICE FL 34285

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 PD ☐ Delete  
NAME WEINSTEIN, LEON  
STREET ADDRESS 4618 TRAILS DR.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE VD ☐ Change ☒ Addition  
NAME HOWARD KAPLAN  
STREET ADDRESS 3609 GLEN OAKS MANOR DR.  
CITY-ST-ZIP SARASOTA, FL. 34232

TITLE VD ☐ Delete  
NAME WEINSTEIN, JUDITH  
STREET ADDRESS 4618 TRAILS DR.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE SD ☐ Change ☒ Addition  
NAME ETHEL ALTMAN  
STREET ADDRESS 5854 FAIRWOODS CIRCLE  
CITY-ST-ZIP SARASOTA, FL. 34243

TITLE SD ☒ Delete  
NAME NELSON, BETSY  
STREET ADDRESS 712 TROPICAL CIRCLE  
CITY-ST-ZIP SARASOTA FL 34242

TITLE TD ☐ Change ☒ Addition  
NAME HARRY MAY  
STREET ADDRESS 949 EAST ANTIGUA AVE.  
CITY-ST-ZIP VENICE, FL. 34292

TITLE VD ☒ Delete  
NAME KANETSKY, MURRAY  
STREET ADDRESS 227 NOKOMIS AVE. SOUTH  
CITY-ST-ZIP VENICE FL 34285

TITLE VD ☐ Change ☒ Addition  
NAME SUSAN MINTZ  
STREET ADDRESS 4720 34 AVE. E  
CITY-ST-ZIP BRADENTON, FL. 34208

TITLE VD ☒ Delete  
NAME WILLETT, BUNNY  
STREET ADDRESS 3417 FAIRVIEW DR.  
CITY-ST-ZIP SARASOTA FL 34239

TITLE VD ☐ Change ☒ Addition  
NAME LUANN COMATEY  
STREET ADDRESS 1434 PIERCE DRIVE  
CITY-ST-ZIP VENICE, FL. 34293

TITLE ☐ Delete  
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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

Daytime Phone #

(941) 254-7630

CR2E037 (9/99)