

DOCUMENT # N94000000664

1. Entity Name

PFLAG - SARASOTA, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90144 043 ****61.25

Principal Place of Business

Mailing Address

4618 TRAILS DRIVE
SARASOTA FL 34232

4618 TRAILS DRIVE
SARASOTA FL 34232

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

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS ALTMAN, ETHEL
CITY-ST-ZIP 5854 FAIRWOOD CIR
SARASOTA FL 34243 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS MINTZ, SUSAN
CITY-ST-ZIP 4720 -34TH AVE E
BRADENTON FL 34208 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS CONATY, LUANN
CITY-ST-ZIP 1434 PIERCE DR
VENICE FL 34293 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (94) 954-7630

Date

Daytime Phone #

CR2E037 (10/00)