2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, y

FILED DOCUMENT # N9400003425 May 01, 2000 8:00 am Secretary of State THE ROTARY CLUB OF SARASOTA, A.M., INC. 05-01-2000 90394 047 ****61.25 Principal Place of Business Mailing Address 3737 BAHIA VISTA, STE, 11 3737 BAHIA VISTA SARASOTA FL 34232 STE. 11 SARASOTA FL 34232-2422 2. Principal Place of Business 3. Mailing Address 2790 MISS Oak Dr. 2790 Moss Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 36-3980994 Sa 1950 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 231 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GERACI, LARRY 4131 MARSEILLES AVE. **STE. 11** Zip Code SARASOTA FL 34233 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: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. #5D **VSD** TITLE ☐ Addition TITLE ☐ Delete NAME GERACI, LARRY NAME 2790 Moss Oak Dr. STREET ADDRESS 4191 MARSEILLES AVE. STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Sarasota FL 3423 SARASOTA FL 34233 ☐ Change **X** Addition Delete TITLE TITLE PD Alan Smith RANCOURT, DAVE NAME NAME 4156 Central Sarasota PKWY #81/ STREET ADDRESS STREET ADDRESS 7261 BEE RIDGE ROAD CITY-ST-ZIP CITY-ST-7IP SARASOTA FL Change ☐ Addition TITLE TD Delete TITLE NAME SNYDER, DONALD H JR NAME STREET ADDRESS STREET ADDRESS 5603 26TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** PD TITLE ☐ Change Addition TITLE ☐ Delete Hilda Papastrat 1249 Tree Bay Lune NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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