

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

DOCUMENT # N94000005723

1. Entity Name

YOUNG MOTHER'S LEAGUE OF SARASOTA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90204 016 ****61.25

Principal Place of Business

7061 SOUTH TAMiami TR.
111
SARASOTA FL 34231
US

Mailing Address

7061 SOUTH TAMiami TR.
111
SARASOTA FL 34231-5559
US

2. Principal Place of Business

5637 SWEETWATER OAK DR.
Suite, Apt. #, etc.

3. Mailing Address

5637 SWEETWATER OAK
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0461633

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDI, DEBRA A
7061 SOUTH TAMiami TR.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name: Kelley VANKEUREN
Street Address (P.O. Box Number is Not Acceptable): 5637 SWEETWATER OAK DR
City: SARASOTA FL Zip Code: 34232

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: Kelley Van Keuren
Signature, typed or printed name of registered agent and title if applicable.

Treasurer

(NOTE: Registered Agent signature required when reinstating)

3-29-00

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

TITLE	P D	<input checked="" type="checkbox"/> Delete
NAME	FROST, BRENDA	
STREET ADDRESS	2288 HIBISCUS ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, MAGGIE	
STREET ADDRESS	2561 S SCARLET OAK CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATRUSKY, LAURIE	
STREET ADDRESS	4855 SWEETMEADOW CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALL, JANE	
STREET ADDRESS	4513 WINDSOR CIT	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T D	<input checked="" type="checkbox"/> Delete
NAME	GARDI, DEBRA A	
STREET ADDRESS	7061 SOUTH TAMiami TR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, Tami	
STREET ADDRESS	6937 42ND CT EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URFER, Holly	
STREET ADDRESS	3031 Bucida Dr.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHART, JENNIFER	
STREET ADDRESS	320 MONTANA AVE	
CITY-ST-ZIP	NOKomis, FL 34275	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quale, Audrey	
STREET ADDRESS	6409 Fetter Bush Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANKEUREN, Kelley	
STREET ADDRESS	5637 SWEETWATER OAK DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kelley Van Keuren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 941-378-0198

Date

Daytime Phone #

CR2E037 (9/99)