

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002348

1. Entity Name

SARASOTA COUNTY COALITION FOR THE HOMELESS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 038 ****61.25

Principal Place of Business

Mailing Address

1424 FOURTH STREET
SARASOTA FL 34236

1424 FOURTH STREET
SARASOTA FL 34236-4926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0585396

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

MAUREEN DILL
1424 FOURTH STREET
SARASOTA FL 34236

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 ☐ Delete
NAME **DRD**
STREET ADDRESS **BRETT, STEPHEN**
CITY-ST-ZIP **2001 SIESTA DR**
SARASOTA FL 34239

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **BRETT, STEPHEN**
CITY-ST-ZIP **2001 SIESTA DR**
SARASOTA FL 34239

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DILL, MAUREEN**
CITY-ST-ZIP **1424 FOURTH STREET**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **DILL MAUREEN**
CITY-ST-ZIP **1424 FOURTH STREET**
SARASOTA FL 34236

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **TREEND, TOM**
CITY-ST-ZIP **2400 COLSON AVE**
SARASOTA FL 34234

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **TREEND, TOM**
CITY-ST-ZIP **2400 COLSON AVE**
SARASOTA, FL 34234

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **CHRISTENSON, CAT**
CITY-ST-ZIP **405 MANATEE CT**
VENICE FL

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **CHRISTENSON, CAT**
CITY-ST-ZIP **405 MANATEE CT**
VENICE, FL

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **LANCASTER, DICK**
CITY-ST-ZIP **2604 MARLETTE ST**
SARASOTA FL 34234

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **KYLLONEN, BOB**
CITY-ST-ZIP **507 KUMQUAT CT**
SARASOTA, FL 34236

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **Bob KYLLONEN**
CITY-ST-ZIP **1803 ANDREA PL. SARASOTA FL**
34235

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:

Robert P. Kyllonen *Robert P. Kyllonen* TREASURER

Date

1-24-00

Daytime Phone #

(941) 366-3559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)