

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # N95000002348**

1. Entity Name

**SARASOTA COUNTY COALITION FOR THE HOMELESS, INC.**

08-29-2001 90014 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~1424 FOURTH STREET~~  
~~SARASOTA FL 34236~~

~~1424 FOURTH STREET~~  
~~SARASOTA FL 34236~~

**507 KUMQUAT CT**  
**SARASOTA FL 34236**

**PO BOX 3626**  
**SARASOTA FL 34230**

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**

DO NOT WRITE IN THIS SPACE

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

**Robert P. KYLLONEN**

Street Address (P.O. Box Number is Not Acceptable)

**507 KUMQUAT CT**

City

**SARASOTA**

**FL**

Zip Code

**34236**

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

**Robert P. Kyllonen Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-23-2001**

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 ~~D~~ ☒ Delete  
 NAME **BRETT, STEPHEN**  
 STREET ADDRESS **2001 SIEGTA DR**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **P** ☒ Change ☐ Addition  
 NAME **LINDA COOPER-RONEY**  
 STREET ADDRESS **3304 27TH PKWY**  
 CITY-ST-ZIP **SARASOTA, FL 34235**

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

TITLE **VP** ☒ Change ☐ Addition  
 NAME **SISTER FRANCIS NEVILL**  
 STREET ADDRESS **1670 4TH ST**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ~~D~~ ☒ Delete  
 NAME **TREND, TOM**  
 STREET ADDRESS **2400 COLSON AVE**  
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **EULA BACON**  
 STREET ADDRESS **1445 2ND ST**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ~~D~~ ☒ Delete  
 NAME **CHRISTENSON, CAT**  
 STREET ADDRESS **405 MANATEE CT**  
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **TOM TREND**  
 STREET ADDRESS **2400 COLSON AVE**  
 CITY-ST-ZIP **SARASOTA FL. 34234**

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

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

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:

**Robert P. Kyllonen Treasurer - Robert P. KYLLONEN 8-23-2001 (941) 365-3259**

CR2E037 (5/01)