

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90004 033 ****70.00

DOCUMENT # N96000003820 (5)

1. Entity Name

LONGBOAT KEY CULTURAL AND COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

540 Bay Isles Rd
Longboat Key, FL 34228

P.O. Box 8660
Longboat Key, FL 34228-8660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704962

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT T WAGNER
1522 N Lakeshore Dr
Sarasota, FL 34231

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

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	Robert T Wagner	1522 N Lakeshore Dr	Sarasota, FL 34231	<input type="checkbox"/>
VD	Earl E Pollock	340 Gulf of Mexico Dr #116	Longboat Key, FL 34228	<input type="checkbox"/>
SD	Patricia L Metz	6700 Gulf of Mexico Dr #114	Longboat Key, FL 34228	<input type="checkbox"/>
TD	Walter D Serwatka	3555 Mistletree Lane	Longboat Key, FL 34228	<input type="checkbox"/>
D	Andrea Frank	1065 Gulf of Mexico Dr #104	Longboat Key, FL 34228	<input type="checkbox"/>
D	Ralph B Hunter	816 Jungle Queen Way	Longboat Key, FL 34228	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (9/99)