

DOCUMENT # N96000003877

1. Entity Name

THE GREATER SARASOTA SERTOMA FOUNDATION, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90075 033 ****61.25

Principal Place of Business
330 S PINEAPPLE AVE
STE 106
SARASOTA FL 34236
US

Mailing Address
330 S PINEAPPLE AVE
STE 106
SARASOTA FL 34236
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0687492
Applied For
Not Applicable

City & State

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

DARNELL, ROBERT W
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

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 D
NAME DARNELL, ROBERT W
STREET ADDRESS 2033 MAIN ST STE 400
CITY-ST-ZIP SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BENNETT, MICHAEL S
STREET ADDRESS 7304 BROUGHTON ST
CITY-ST-ZIP SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WESSEL, THOMAS J
STREET ADDRESS 2455 WEBBER ST
CITY-ST-ZIP SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FAUST, MARTIN
STREET ADDRESS 1225 2ND ST
CITY-ST-ZIP SARASOTA FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PIPER, ROBERT H JR
STREET ADDRESS 330 S PINEAPPLE AVE SUITE 102
CITY-ST-ZIP SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CURTIN, JAMES M
STREET ADDRESS 2119 LYCHEE LANE
CITY-ST-ZIP NOKOMIS FL 34275

TITLE
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: [Signature] # Piper Jr 1/3/01 941-361-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075K

CR2E037 (10/00)