

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001152

1. Entity Name

SARASOTA SAILOR CIRCUS FOUNDATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90184 022 ****61.25

Principal Place of Business

Mailing Address

2075 BAHIA VISTA STREET
SARASOTA FL 34239

2075 BAHIA VISTA STREET
SARASOTA FL 34239-2302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810109

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

SNYDER, JULIE
2075 BAHIA VISTA STREET
SARASOTA FL 34239

Name

Susan Loeffler

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

2075 Bahia Vista St.

City

Sarasota

FL

Zip Code
34239

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

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

Susan Loeffler

(NOTE: Registered Agent signature required when reinstating)

3/17/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME CARLSON, A.A.
STREET ADDRESS 2724 BEDFORD WAY
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Change ☒ Addition
NAME Anne Schwantz
STREET ADDRESS 4141 Tee Road
CITY-ST-ZIP Sarasota, FL 34235

TITLE D ☐ Delete
NAME RAMSEY, JERRY
STREET ADDRESS 4760 COUNTRY MEADOWS BLVD
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Change ☒ Addition
NAME Sue West
STREET ADDRESS 5823 Whistlewood
CITY-ST-ZIP Sarasota, FL 34232

TITLE D ☒ Delete
NAME BUCKINGHAM, MARYLOU
STREET ADDRESS 5712 BAHIA VISTA
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAMPBELL, PATTY
STREET ADDRESS 1937 N ALLENDALE
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUFF, MIKE
STREET ADDRESS 2285 NOVUS STREET
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARTERY, CHARLIE
STREET ADDRESS 5038 DELMONTE AVE
CITY-ST-ZIP 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:

Patty Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)