

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001152**

1. Entity Name

SARASOTA SAILOR CIRCUS FOUNDATION, INC.**FILED****Jun 03, 2002 8:00 am**
Secretary of State

06-03-2002 91192 023 ****61.25

Principal Place of Business

Mailing Address

**2075 BAHIA VISTA STREET
SARASOTA FL 34239****2075 BAHIA VISTA STREET
SARASOTA FL 34239****00124104**

DO NOT WRITE IN THIS SPACE

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

**LOEFFLER, SUSAN
2075 BAHIA VISTA STREET
SARASOTA FL 34239**

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 \$61.259. 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 **SCHWANTZ, ANNE**
STREET ADDRESS **4141 TEE ROAD**
CITY-ST-ZIP **SARASOTA FL 34235**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RAMSEY, JERRY**
STREET ADDRESS **4760 COUNTRY MEADOWS BLVD**
CITY-ST-ZIP **SARASOTA FL 34239**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WEST, SUE**
STREET ADDRESS **5823 WHISTLEWOOD CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMPBELL, PATTY**
STREET ADDRESS **1937 N ALLENDALE**
CITY-ST-ZIP **SARASOTA FL 34234**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DUFF, MIKE**
STREET ADDRESS **2285 NOVUS STREET**
CITY-ST-ZIP **SARASOTA FL 34237**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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: *Patricia R. Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02 941-361-6350

CR2E037 (9/01)