

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001776

1. Entity Name

SARASOTA FLYING CLUB, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90265 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1281 TALLEVAST ROAD  
SARASOTA FL 34243  
US

PO BOX 584  
TALLEVAST FL 34270-0584  
US



DO NOT WRITE IN THIS SPACE

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

65-0738002

Applied For

Not Applicable

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

GRUWELL, MARK A ESQ  
747 NORTH WASHINGTON BOULEVARD  
SARASOTA FL 34236

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOLBY, ROBERT	
STREET ADDRESS	1281 TALLEVAST ROAD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAUBMAN, JULIUS	
STREET ADDRESS	1281 TALLEVAST ROAD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ESLINGER, LARRY	
STREET ADDRESS	5605 8TH AVE. DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENTZ, PHILIP	
STREET ADDRESS	8683 WOOD BRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Tom Brown - VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1800 BEL FRANKLIN DR # A-604	
STREET ADDRESS	SARASOTA FL 34234	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENTZ PHILIP	
STREET ADDRESS	8683 WOODBRIAR DR.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 2000

Daytime Phone #

CR2E037 (9/99)