

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000004216 (4)

1. Corporation Name

DO THE RIGHT THING OF SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

3131 S. TAMiami TRAIL, SUITE 101  
SARASOTA FL 34239

3131 S. TAMiami TRAIL, SUITE 101  
SARASOTA FL 34239

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILONAS, TASO M  
1819 MAIN STREET, SUITE 1100  
SARASOTA FL 34236

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | D                                | <input type="checkbox"/> DELETE |
| NAME           | HARRIS, KATHERINE                |                                 |
| STREET ADDRESS | 3131 S. TAMiami TRAIL, SUITE 101 |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239                |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | KINTZ, JOHN        |  |
| STREET ADDRESS | 501 BAY ISLES ROAD |  |
| CITY-ST-ZIP    | LONGBOAT FL 34228  |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | KLEINLIEN, KENNETH |                                 |
| STREET ADDRESS | 1840 HUDSON STREET |                                 |
| CITY-ST-ZIP    | ENGLEWOOD FL 34223 |                                 |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | LEWIS, JOHN         |                                 |
| STREET ADDRESS | 2050 RINGLING BLVD. |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236   |                                 |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | SLAPP, JOSEPH       |                                 |
| STREET ADDRESS | 1350 RIDGEWOOD AVE. |                                 |
| CITY-ST-ZIP    | VENICE FL 34293     |                                 |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | YURCHUCK, DAVID      |                                 |
| STREET ADDRESS | 5650 NORTH PORT BLD. |                                 |
| CITY-ST-ZIP    | NORTH PORT FL 34287  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |  |
|--------------------|--|
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | D  |
| 2.3 STREET ADDRESS | H. Jack Klingensmith   |
| 2.4 CITY-ST-ZIP    | 1515 Ringling Boulevard, Suite 900<br>Sarasota, FL 34236                     |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Katherine Harris*  
KATHERINE HARRIS, SECRETARY

CR2E037 (10/97)