

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 035 ****61.25

DOCUMENT # N97000004216

1. Entity Name

DO THE RIGHT THING OF SARASOTA COUNTY, INC.



Principal Place of Business

Mailing Address

**1350 RIDGEWOOD AVE
VENICE FL 34293**

**PO BOX 7904
NORTH PORT FL 34287**

60013515



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0920425**

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

**MILONAS, TASO M
1515 RINGLING BLVD., #900
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KLEINLIEN, KENNETH
1840 HUDSON STREET
ENGLEWOOD FL 34223** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOLLY, GORDON
2050 RINGLING BLVD
SARASOTA FL 34238** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Edward J. Whitehead
2050 Ringling Blvd.
Sarasota, FL 34238** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANKS, JIM
1350 RIDGEWOOD AVE
VENICE FL 34293** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YURCHUCK, DAVID
5650 NORTH PORT BLD.
NORTH PORT FL 34287** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KINTZ, JOHN
501 BAY ISLE RD
LONGBOAT KEY FL 34228** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HOGLE, ALBERT F
5460 GULF OF MEXICO OR
LONGBOAT KEY FLA 34228** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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]

2-28-03

(941) 422-3111