

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90252 001 ****61.25

DOCUMENT # N98000000578

1. Corporation Name

OPERATION: SANTA CLAUS INC.

Principal Place of Business

2422 ICECAPADE DR.
SARASOTA FL 34240-8600

Mailing Address

2422 ICECAPADE DR.
SARASOTA FL 34240-8600



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip County

25

2a. Mailing Address

26 4411 Bee Ridge Rd

27 Suite, Apt. #, etc.

27 Suite 217

28 City & State

28 SARASOTA FL

29 Zip

29 34233

Country

30 SARASOTA

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0813412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VANNUCCI, RICHARD A
2422 ICECAPADE DR.
SARASOTA FL 34240-8600

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME VANNUCCI, RICHARD
STREET ADDRESS 2422 ICECAPADE DRIVE
CITY-ST-ZIP SARASOTA FL 34240

TITLE VD ☐ DELETE

NAME HUNTER, SCOTT
STREET ADDRESS 4411 BEE RIDGE RD., SUITE 217
CITY-ST-ZIP SARASOTA FL 34233

TITLE TD ☐ DELETE

NAME ENGBRECHT, SUSAN
STREET ADDRESS 222 PEARSON EAST, APT. 203
CITY-ST-ZIP CHICAGO IL 60611

TITLE D ☒ DELETE

NAME CLARK, PAULA
STREET ADDRESS 1600 KEN THOMPSON PARKWAY
CITY-ST-ZIP LONGBOAT KEY FL 34236

TITLE D ☐ DELETE

NAME VANNUCCI, BONNIE
STREET ADDRESS 2422 ICECAPADE DRIVE
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Paul Caragiulo
1.3 STREET ADDRESS 4498 Del Sol Blvd
1.4 CITY-ST-ZIP SARASOTA FL 34243

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Vannucci 4-25-99 941 3789755

Date

Daytime Phone #

CR2E037 (11/98)