

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000578

1. Entity Name *Operation Save Children/Operation Santa Claus*  
**OPERATION SANTA CLAUS INC.** *OSC*

Principal Place of Business

Mailing Address

~~2422 ICECAPADE DR.~~  
**SARASOTA FL 34240-8600**

**4411 BEE RIDGE RD**  
**# 217**  
**SARASOTA FL 34233-2514**

2. Principal Place of Business

*4411 Bee Ridge Rd*  
 Suite, Apt. #, etc.  
**# 217**

3. Mailing Address

*4411 Bee Ridge Rd*  
 Suite, Apt. #, etc.  
**# 217**

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34233-2514**

Country  
**USA**

Zip  
**34233-2514**

Country  
**USA**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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** ☐ 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 **CARAGIULA, PAUL**  
 STREET ADDRESS **4498 DEL SOL BLVD**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **Secretary** ☐ Delete

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

TITLE **D** ☐ Delete

NAME **Jim Thrift**  
 STREET ADDRESS **5401 OAK GROVE CT.**  
 CITY-ST-ZIP **SARASOTA FL 34233**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition

NAME **Jim Owen**  
 STREET ADDRESS **5009 Sturbridge Ct**  
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Change ☒ Addition

NAME **Dr. Jack Greer**  
 STREET ADDRESS **15 Mimosa Dr.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Change ☒ Addition

NAME **Rob LeFevre**  
 STREET ADDRESS **108 Witma Ave.**  
 CITY-ST-ZIP **Staubenville OH 43952**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Richard Vannucci* **RICHARD VANNUCCI - Pres.** *4.9.2000* *941 378 9755*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90175 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0813412** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

CR2E037 (9/99)