

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003426

1. Entity Name

ACCESS ONE OF SARASOTA COUNTY, INC.

Principal Place of Business

7140 DEL LAGO DRIVE
SARASOTA FL 34238

Mailing Address

7140 DEL LAGO DRIVE
SARASOTA FL 34238-4523

2. Principal Place of Business

430 East Rossetti Drive

Suite, Apt. #, etc.

3. Mailing Address

430 East Rossetti Drive

Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number

65-0842480

Applied For

Not Applicable

Zip

34275

Country

Zip

34275

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULLMAN, CRAIG ESQ.
2201 RINGLING BOULEVARD
SUITE 201
SARASOTA FL 34237

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 D ☐ Delete
NAME MCGRATH, WILLIAM J
STREET ADDRESS 430 EAST ROSSETTI DRIVE
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D ☐ Delete
NAME FRIDSHAL, JOAN
STREET ADDRESS 7140 DEL LAGO DRIVE
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☒ Delete
NAME SPENCER, GARY L
STREET ADDRESS 3023 COURTLAND STREET
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS McDavid, Mary Lynn
CITY-ST-ZIP 3232 Fruitville Road, #135
Sarasota, FL 34237

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Patricia A. Sleight
CITY-ST-ZIP 636 Alhambra Road
Venice, FL 34285-2503

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:

Joan Fridshal **REG** *Joan Fridshal, Treasurer 3/12/00 (941) 330-9118*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90054 013 ****61.25

LUUJ0000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)