

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004620

1. Entity Name

THE SARASOTA LITERARY SOCIETY, INC.

Principal Place of Business

888 BLVD OF THE ARTS  
#1503  
SARASOTA FL 34236

Mailing Address

P.O. BOX 4008  
SARASOTA FL 34236-4008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0744567

Applied For

Not Applicable

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

WEIDINGER, LILO  
888 BLVD OF THE ARTS  
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.

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  
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME AGELOTT, LESTER  
STREET ADDRESS 2301 GULF OF MEXICO DR, 52N  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE VD  
NAME ROWE, BARBARA  
STREET ADDRESS 249 BIRD KEY DR  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE SD  
NAME BAILEY, PAT  
STREET ADDRESS 3354 MAYFLOWER ST  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE T  
NAME WEIDINGER, LILO  
STREET ADDRESS 888 BLVD OF THE ARTS #1503  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME NORMA J. McKEEVER  
STREET ADDRESS 3308 SPRING MILL CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34239 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA E. ROWE / JULY 17, 2000

Date

Daytime Phone #

FILED  
Aug 02, 2000 8:00 am  
Secretary of State

08-02-2000 90154 002 \*\*\*\*61.25

80070003



DO NOT WRITE IN THIS SPACE