

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005810

1. Entity Name

M.E.D.A. OF SARASOTA, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90146 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~6737 BAHIA VISTA CT., STE. 11~~  
~~SARASOTA FL 34232~~

~~3737 BAHIA VISTA CT., STE. 11~~  
~~SARASOTA FL 34232~~

2. Principal Place of Business

**3205 Southgate Cir**

3. Mailing Address

**3205 Southgate Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34239**

Country

Zip

**34239**

Country

4. FEI Number

**65-0982443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JIM**

~~3737 BAHIA VISTA CT., STE. 11~~  
~~SARASOTA FL 34232~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3205 Southgate Cir**

City

**Sarasota**

FL

Zip Code

**34239**

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 ☐ Delete  
NAME **VCD**  
STREET ADDRESS **WEILER, NOAH**  
CITY-ST-ZIP **55 TATUM ROAD**  
**SARASOTA FL 34240**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BEACHEY, VERDA**  
CITY-ST-ZIP **1303 QUAIL RUN TRAIL**  
**SARASOTA FL 34232**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **YODER, EDWARD**  
CITY-ST-ZIP **1186 BACON AVE**  
**SARASOTA FL 34232**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COMES, TED**  
CITY-ST-ZIP **27101 STATE ROAD 70 E**  
**MYAKKA CITY FL 34251**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WEAVER, ROB**  
CITY-ST-ZIP **226 S HERNANDO AVE**  
**ARCADIA FL 34266**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, BETTY**  
CITY-ST-ZIP **4428 LITTLE JOHN TRAIL**  
**SARASOTA FL 34232**

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  
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CITY-ST-ZIP

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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:

**Edward E. Miller**

**3/11/01 941 365 1172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)