

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90323 001 \*\*\*211.25

**DOCUMENT # N99000005960**

1. Entity Name

**SWEET TOMATOES JUNIOR VOLLEYBALL CLUB, INC.**

Principal Place of Business

Mailing Address

2728 OAKMERE LANE  
 SARASOTA FL 34231

2728 OAKMERE LANE  
 SARASOTA FL 34231

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

**65-0969987**

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

**HOOGLANDER, HUBERTUS A**  
**2728 OAKMERE LANE**  
**SARASOTA FL 34231**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **HOOGLANDER, HUBERTUS A**  
 CITY-ST-ZIP **2728 OAKMERE LANE**  
**SARASOTA FL 34231**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **WENDELL, DONALD**  
 CITY-ST-ZIP **2393 STAVAR STREET**  
**PORT CHARLOTTE FL 39880**

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

TITLE ☒ Delete  
 NAME **DVMT**  
 STREET ADDRESS **HASSE, JAN DR.**  
 CITY-ST-ZIP **4729 OLD STONE RD.**  
**SARASOTA FL 34233**

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

TITLE ☐ Delete  
 NAME **Guido Jan 2001**  
 STREET ADDRESS **2666 OAKMERE LN**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete  
 NAME **KATHY LUDERMAN**  
 STREET ADDRESS **18566 ARAPAHOE CIRCLE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete  
 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 address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/2001**

Date

Daytime Phone #

CR2E037 (10/00)