

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90365 039 \*\*\*158.75

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 AV

**DOCUMENT # P94000092763**

1. Entity Name  
**SARASOTA 500, INC.**

Principal Place of Business  
**707 S. WASHINGTON BLVD.  
 SARASOTA FL 34236**

Mailing Address  
**707 S. WASHINGTON BLVD.  
 SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3284823**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**TOSCH, JOHN  
 % SARASOTA FORD  
 707 S. WASHINGTON BLVD  
 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BUCHANAN, VERNON G	
STREET ADDRESS	707 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARISI, ERNIE	
STREET ADDRESS	707 S. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSA, SALVATORE	
STREET ADDRESS	707 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SV	<input type="checkbox"/> Delete
NAME	TOSCH, JOHN	
STREET ADDRESS	707 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Salvatore Rosa* **Salvatore Rosa** **03/20/2002** **366-5230**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)