

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033258

1. Entity Name

COMPASS OF SARASOTA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90036 008 ***150.00

Principal Place of Business

Mailing Address

NOMAD TRAVEL
 1256 SOUTH TRAIL
 OSPREY FL 34229

NOMAD TRAVEL
 1256 SOUTH TRAIL
 OSPREY FL 34229

2. Principal Place of Business

1250 RUDDER LANE

3. Mailing Address

PO Box 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSPREY FL

City & State

OSPREY FL

4. FEI Number

65-0749780

Applied For

Not Applicable

Zip

34229

Country

Zip

34229

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAWFORD, JOHN E
 1250 RUDDER LANE
 OSPREY FL 34229

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.

JOHN E SAWFORD. PRESIDENT.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/00.

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, 2000 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

TITLE ☐ Delete

NAME D
 SAWFORD, JOHN F
 STREET ADDRESS 1250 RUDDER LANE
 CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Delete

NAME D
 SAWFORD, DOROTHY M
 STREET ADDRESS 1250 RUDDER LANE
 CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SAWFORD, JOHN E

Date

4/23/00

Daytime Phone #

(941) 466 2141