

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
03-28-2001 90207 032 \*\*\*150.00

0411126

**DOCUMENT # S21461**

1. Entity Name

**SARASOTA BANCORPORATION, INC.**

Principal Place of Business

Mailing Address

**2 N. TAMiami TRAIL  
SUITE 100  
SARASOTA FL 34236**

**2 N. TAMiami TRAIL  
SUITE 100  
SARASOTA FL 34236**

**733969**



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 **65-0235255**

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

**JENNINGS, CHRISTINE L.  
TWO NORTH TAMiami TRAIL  
SUITE 100  
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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, SUSAN M.</b>	
STREET ADDRESS	<b>107 SHARON LAKE COURT</b>	
CITY-ST-ZIP	<b>LEXINGTON SC 29072</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARR, KENNETH H.</b>	
STREET ADDRESS	<b>435 S. GULFSTREAM AVE. #101</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, TIMOTHY J.</b>	
STREET ADDRESS	<b>3509 AVENIDA MADERA</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEMLER, JAMES W., M.D.</b>	
STREET ADDRESS	<b>1547 BAY VIEW DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>JENNINGS, CHRISTINE L.</b>	
STREET ADDRESS	<b>988 BLVD OF THE ARTS, #510</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>LEVI, EDWARD S.</b>	
STREET ADDRESS	<b>454 NORTH WASHINGTON DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Baker, Susan M.</b>	
STREET ADDRESS	<b>1200 Grassy Meadows Ct.</b>	
CITY-ST-ZIP	<b>Chapin, SC 29036</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Clarke, Timothy J.</b>	
STREET ADDRESS	<b>1610 Harbor Cay Lane</b>	
CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
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		
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:

*Christine L. Jennings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01 941-955-2626**

Date

Daytime Phone #

CR2E034 (10/00)