

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90098 007 ***150.00

DOCUMENT # S21461

1. Entity Name

SARASOTA BANCORPORATION, INC.

Principal Place of Business

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

Mailing Address

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

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

65-0235255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****JENNINGS, CHRISTINE L
TWO NORTH TAMiami TRAIL
SUITE 100
SARASOTA FL 34236****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.

(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**TITLE **D** ☐ Delete
NAME **BAKER, SUSAN M.**
STREET ADDRESS **1200 GRASSY MEADOWS CT**
CITY-ST-ZIP **CHAPIN SC 29036**TITLE **D** ☐ Delete
NAME **BARR, KENNETH H.**
STREET ADDRESS **435 S. GULFSTREAM AVE. #101**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE **D** ☐ Delete
NAME **CLARKE, TIMOTHY J.**
STREET ADDRESS **3509 AVENIDA MADERA**
CITY-ST-ZIP **BRADENTON FL**TITLE **D** ☐ Delete
NAME **DEMLER, JAMES W., M.D.**
STREET ADDRESS **1610 HARBOR CAY LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**TITLE **DP** ☐ Delete
NAME **JENNINGS, CHRISTINE L.**
STREET ADDRESS **988 BLVD OF THE ARTS, #510**
CITY-ST-ZIP **SARASOTA FL**TITLE **DV** ☐ Delete
NAME **LEVI, EDWARD S.**
STREET ADDRESS **454 NORTH WASHINGTON DR**
CITY-ST-ZIP **SARASOTA FL****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **Barr, Kenneth H.**
STREET ADDRESS **1233 N. Gulfstream Ave. #1103**
CITY-ST-ZIP **Sarasota, FL 34236**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Christine L. Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/02 *941-955-2626*
Date Daytime Phone #

CR2E034 (9/01)