

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90016 035 ***150.00

0522547 AV

DOCUMENT # S38022

1. Entity Name

SARASOTA PRODUCING COMPANY

Principal Place of Business

Mailing Address

**6054 CLARK CENTER AVENUE
 SARASOTA FL 34238**

**6054 CLARK CENTER AVENUE
 SARASOTA FL 34238**

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

65-0249253

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

7. Name and Address of New Registered Agent

**MORRIS, RONALD
 2400 N WASHINGTON BLVD.
 SARASOTA FL 34234**

Name

Street Address (P.O. Box Number is Not Acceptable)

6054 CLARK CENTER AVE

City

SARASOTA

FL

Zip Code

34238

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 ☐ Delete
 NAME **0**
 STREET ADDRESS **MORRIS, RONALD**
 CITY-ST-ZIP **2400 N WASHINGTON BLVD.
 SARASOTA FL 34234**

TITLE ☒ Change ☐ Addition
 NAME **6054 CLARK CENTER AVE**
 STREET ADDRESS **SARASOTA FL 34238**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **0**
 STREET ADDRESS **MORRIS, ARLENE A.**
 CITY-ST-ZIP **2400 N WASHINGTON BLVD
 SARASOTA FL 34234**

TITLE ☒ Change ☐ Addition
 NAME **6054 CLARK CENTER AVE.**
 STREET ADDRESS **SARASOTA FL 34238**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

RON MORRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-02 941-929-1500

CR2E034 (9/01)