

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45695

1. Entity Name

ADULT SINGLES CLUB SARASOTA/MANATEE COUNTIES, IN

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 038 ***150.00

Principal Place of Business

6311 LICHFIELD LANE
 SARASOTA FL 34241
 US

Mailing Address

6311 LICHFIELD LANE
 SARASOTA FL 34241-5481
 US

2. Principal Place of Business

6515 15th ST. E.
 Suite, Apt. #, etc.
 LOT J-15

City & State
 SARASOTA FL

Zip
 34243

Country

3. Mailing Address

6515 15th ST. E.
 Suite, Apt. #, etc.
 LOT J-15

City & State
 SARASOTA FL

Zip

34243

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0227821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HEIDENREICH, EDWARD
 6311 LICHFIELD LANE
 SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name
 EARLE E. JOHNSON
 Street Address (P.O. Box Number is Not Acceptable)
 6515 15th ST. E. LOT J-15
 City
 SARASOTA FL Zip Code
 34243

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 *Earle E. Johnson* President 3-22-00
 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, 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	P	<input type="checkbox"/> Delete
NAME	HEIDENREICH, EDWARD	
STREET ADDRESS	6311 LICHFIELD LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, DODIE	
STREET ADDRESS	6311 APPROACH RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANCIS JANIK	
STREET ADDRESS	209 OAKWOOD BLVD E	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	<input type="checkbox"/> Delete
NAME	SZEBO, JULIANA	
STREET ADDRESS	5945 17TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE E. JOHNSON	
STREET ADDRESS	6515 15th ST. E. LOT J-15	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Dodie	
STREET ADDRESS	6311 Approach Rd	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	TREASUR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr Laurie R FULKERT	
STREET ADDRESS	2866 RAINBOW CR.	
CITY-ST-ZIP	SARASOTA, FLA 34231-6574	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thyge K. Cochran	
STREET ADDRESS	14744 Palm Dr	
CITY-ST-ZIP	Bradenton FL 34210	
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: *Earle E. Johnson* Earle E. Johnson 3-22-00 941-758-0030
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)