

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

0507996  
 AV

**DOCUMENT # S45695**

1. Entity Name

**ADULT SINGLES CLUB SARASOTA/MANATEE COUNTIES, IN C.**

04-18-2002 90361 046 \*\*\*150.00

Principal Place of Business

9307 FORRESTER DRIVE  
 BRADENTON FL 34202  
 US

Mailing Address

9307 FORRESTER DRIVE  
 LOT J-15  
 BRADENTON FL 34202  
 US



2. Principal Place of Business

P.O. Box 1772

Suite, Apt. #, etc.

BRADENTON, FL

City & State

3. Mailing Address

P.O. Box 1772

Suite, Apt. #, etc.

BRADENTON, FL

City & State

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

WESTLUND, RICHARD  
 9307 FORRESTR DRIVE  
 BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name **ROBERT TIBBITTS**  
 Street Address (P.O. Box, Suite, etc. if applicable):  
**2866 RAINBOW CIR**  
 City **BRADENTON** FL **34207**

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

*Robert Tibbitts*

3/31/02

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EARLE E 6515 15TH ST E LOT J-15 SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, DODIE 6311 APPROACH RD SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULKERT, LAURIE R 2866 RAINBOW CIR SARASOTA FL 34231-6574	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CACHMAN, GAYLE M 147 WILD JOHN DR BRADENTON FL 34210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURIE FULKERT 2866 RAINBOW CIRCLE SARASOTA, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RALPH DEFAICO 4806 RAINTREE ST. C.R.E. BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Tibbitts P.O. Box 1772 BRADENTON, FL 34264	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOANN KROHN 3332 SPANISH OAK SARASOTA, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Robert Tibbitts*

Robert T. Tibbitts

3/31/02

941-756-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)