

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90431 026 \*\*\*\*61.25

**DOCUMENT # 733882**

1. Entity Name

**SARASOTA MODEL RAILROAD CLUB, INC.**

Principal Place of Business

Mailing Address

6730 G 15TH ST E  
 SARASOTA FL 34243  
 US

P O BOX 239  
 TALLEVAST FL 34270-0239  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2828318**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GUBB, WILLIAM E~~  
~~1687 BAYSHORE DR~~  
 ENGLEWOOD FL 34223

**DOWNING, JOHN**

Name **DOWNING, JOHN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6730 G. 15<sup>TH</sup> ST. E.**  
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> Delete |
| NAME           | CLARK, JOHN                   |                                 |
| STREET ADDRESS | 6379 RAVENWOOD WAY            |                                 |
| CITY-ST-ZIP    | SARASOTA FL                   |                                 |
| TITLE          | SD                            | <input type="checkbox"/> Delete |
| NAME           | <del>BERR, DANES</del>        |                                 |
| STREET ADDRESS | 2920 HOMASSAS RD              |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239-7917        |                                 |
| TITLE          | VD                            | <input type="checkbox"/> Delete |
| NAME           | BRUCE, ROYAL C                |                                 |
| STREET ADDRESS | PO BOX 239                    |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 34270-0239     |                                 |
| TITLE          | TD                            | <input type="checkbox"/> Delete |
| NAME           | <del>GUBB, WILLIAM E</del>    |                                 |
| STREET ADDRESS | <del>1687 BAYSHORE DR</del>   |                                 |
| CITY-ST-ZIP    | <del>ENGLEWOOD FL 34223</del> |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |                     |   |
|----------------|---------------------|---|
| 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           | LINGLEY, EDWAN      |   |
| STREET ADDRESS | P.O. BOX 239        |   |
| CITY-ST-ZIP    | TALLEVAST, FL 34270 |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DOWNING, JOHN       |   |
| STREET ADDRESS | P.O. BOX 239        |   |
| CITY-ST-ZIP    | TALLEVAST, FL 34270 |   |
| 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    |                     |   |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00  
 Date

941-926-8004  
 Daytime Phone #

CR2E037 (9/99)