

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

**OFFICE USE ONLY**

**RECEIVED**

MAY 22 2018

City Auditor & Clerk

**1. Full Name of Committee**

Change the Date Sarasota

Telephone

941-928-3941

Mailing Address (include city, state and zip code)

1945 Fruitville Rd Sarasota, FL 34236

Street Address (include city, state and zip code)

1945 Fruitville Rd Sarasota, FL 34236

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

N/A

**3. Area, Scope and Jurisdiction of the Committee**

City of Sarasota

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Political

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name

Mailing Address

Committee Title or Position

Kevin Cooper

1945 Fruitville Rd.  
Sarasota, FL 34236

Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Larry Eger	1945 Fruitville Rd. Sarasota, FL 34236	Chairman

RECEIVED  
MAY 22 2018  
City Auditor & Clerk

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
To Be Determined			

8. List Any Issues this Committee is Supporting: To Be Determined

List Any Issues this Committee is Opposing: To Be Determined

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Contribute to Candidates, Political Parties, Political Committees

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Suntrust Bank	1777 Main Street Sarasota, FL 34236

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 8871 Form 1120 POL Form 990 As May Be Required	Upon Formation Mar 15-Annually May 15-Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida Sarasota COUNTY

I, Larry Eger, certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

May 22, 2018  
Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

**RECEIVED**  
**MAY 22 2018**  
**City Auditor & Clerk**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Change the Date Sarasota	2. Telephone (941 ) 928-3941
3. Name of Treasurer or Deputy Treasurer Kevin Cooper	4. Email (optional)
	5. Telephone (optional) (941 ) 928-3941

6. Mailing Address  
1945 Fruitville Rd. Sarasota, FL 34236

7. Street Address  
1945 Fruitville Rd. Sarasota, FL 34236

8. The following bank has been designated as the       Primary Depository       Secondary Depository

9. Name of Bank Suntrust	10. Street Address 1777 Main Street
-----------------------------	--

11. City Sarasota	12. State FL	13. Zip Code 34236
----------------------	-----------------	-----------------------

14. Signature of Chairman 	15. Name of Chairman (Print or Type) Larry Eger
--	--

**Campaign Treasurer's Acceptance of Appointment**

Kevin Cooper , do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Change the Date Sarasota  
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

16 MAY 2018  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

MAY 22 2018

City Auditor & Clerk

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name <b>Larry Eger</b>		Telephone <b>941-928-3941</b>
Street Address <b>1945 Fruitville Rd.</b>		
City <b>Sarasota</b>	State <b>FL</b>	Zip Code <b>34236</b>
Mailing Address <b>1945 Fruitville Rd</b>		
City <b>Sarasota</b>	State <b>FL</b>	Zip Code <b>34236</b>

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent

May 22, 2018  
Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization <b>Change the Date Sarasota</b>		Telephone <b>941-928-3941</b>
Street Address <b>1945 Fruitville Rd</b>		Zip Code <b>34236</b>
City <b>Sarasota</b>	State <b>FL</b>	Zip Code <b>34236</b>

  
Signature of Chairperson

**Larry Eger**

Printed Name of Chairperson

May 22, 2018  
Date