

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704845

1. Entity Name

SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC. ✓

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90009 018 \*\*\*\*61.25

Principal Place of Business

4336 KINGSTON LOOP  
 SARASOTA FL 34238  
 US

Mailing Address

4336 KINGSTON LOOP  
 SARASOTA FL 34238  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200847

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

SCHUYLER, DORIS  
 4336 KINGSTON LOOP  
 SARASOTA FL 34238

Name

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

City

FL

Zip Code

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**  
**After September 13, 2000 min. will be \$236.25**

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	P	<input type="checkbox"/> Delete
NAME	SCHUYLER, DORIS	
STREET ADDRESS	4336 KINGSTON LOOP	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KARP, JOYCE	
STREET ADDRESS	6143 WILSHIRE CIRCLE	
CITY-ST-ZIP	SARSSOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOLLHEIM, C J	
STREET ADDRESS	817 IDLEWILD WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERNOFF, LOIS	
STREET ADDRESS	2029 WILSHIRE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOEN, MURIEL	
STREET ADDRESS	4767 TIVOLI PLACE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, LEE	
STREET ADDRESS	1519 BLUE HERON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura <del>Vajda</del> Vajda	
STREET ADDRESS	4822 Ocean Blvd, #2D	
CITY-ST-ZIP	Sarasota, FL 34242	
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		
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: Doris Schuyler 7/12/00 (941) 921-7027  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)