

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Sep 04, 2003 8:00 am  
Secretary of State

09-04-2003 90071 035 \*\*\*\*61.25

0001436

**DOCUMENT # 704845**

1. Entity Name

**SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.**



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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Doris E. Schuyler*

8/29/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHUYLER, DORIS	
STREET ADDRESS	4336 KINGSTON LOOP	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAJDA, LAURA	
STREET ADDRESS	4822 OCEAN BLVD #2D	
CITY-ST-ZIP	SARASOTA FL 34242	
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 checked="" 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Brown	
STREET ADDRESS	1604 Starling Drive	
CITY-ST-ZIP	Sarasota FL 34231	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Schuyler	
STREET ADDRESS	4336 Kingston Loop	
CITY-ST-ZIP	Sarasota FL 34238	
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 E. SCHUYLER*

8/29/03

941-9212027

CR2E037 (10/02)