

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44674**

1. Entity Name

**SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90031 035 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2901 S. TAMiami TRAIL SARASOTA FL 34239	2901 S. TAMiami TRAIL SARASOTA FL 34239-5106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>65-0280018</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DE MANIO, PETER M.**  
**2901 S. TAMiami TRAIL**  
**SARASOTA FL 34239**

**7. Name and Address of New Registered Agent**

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**

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	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DE MANIO, PETER M.</b>
STREET ADDRESS	<b>1279 WHITEHALL PLACE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>HENLEY, CHRIS J</b>
STREET ADDRESS	<b>2631 GRAND CAYMAN ST</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHOEMAKER, DAVID</b>
STREET ADDRESS	<b>1827 BAYWOOD DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>SAILA, CHRISTIAN</b>
STREET ADDRESS	<b>2505 HICKORY AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PAYNE, L. HOWARD</b>
STREET ADDRESS	<b>6474 KICKAPOO RD.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" 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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S</b>
STREET ADDRESS	<b>Frederick, Deborah</b>
CITY-ST-ZIP	<b>296 Pine Ranch Trail Osprey, FL 34229</b>

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: *Chris J. Henley* **Chris J. Henley** 2/29/00 941.362-2739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)