

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44674**

1. Entity Name  
**SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>125 BAYVIEW DR.<br><br>OSPREY FL 34229 | Mailing Address<br>125 BAYVIEW DR.<br><br>OSPREY FL 34229 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0280018</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

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

**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 \_\_\_\_\_ DATE **05/02/2001**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FREDERICK DEBORAH<br>296 PINE RANCH TRAIL<br>OSPREY FL 34229 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAYNE L. HOWARD<br>6474 KICKAPOO RD.<br>SARASOTA FL <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SAILA CHRISTIAN<br>2505 HICKORY AVE<br>SARASOTA FL <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHOEMAKER, DAVID<br>1827 BAYWOOD DR<br>SARASOTA FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HENLEY CHRIS J<br>2631 GRAND CAYMAN ST<br>SARASOTA FL <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DE MANIO, PETER M.<br>1279 WHITEHALL PLACE<br>SARASOTA FL <input type="checkbox"/> Delete    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>SHOEMAKER, DAVID<br>4121 ROBERTS POINT ROAD<br>SARASOTA FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 T **05/02/2001**

CR2E037 (11/00)