

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number

59-6200847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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  
NAME SCHUYLER, DORIS  
STREET ADDRESS 4336 KINGSTON LOOP  
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME KARP, JOYCE  
STREET ADDRESS 6143 WILSHIRE CIRCLE  
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE  
NAME Laura Vajda  
STREET ADDRESS 4822 Ocean Blvd, #2D  
CITY-ST-ZIP Sarasota, FL 34242 ☒ Change ☐ Addition

TITLE S  
NAME WOLLHEIM, C J  
STREET ADDRESS 817 IDLEWILD WAY  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME CHERNOFF, LOIS  
STREET ADDRESS 2029 WILSHIRE DRIVE  
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SCHOEN, MURIEL  
STREET ADDRESS 4767 TIVOLI PLACE  
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GOODMAN, LEE  
STREET ADDRESS 1519 BLUE HERON DRIVE  
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00  
Date

(941) 921-7027  
Daytime Phone #

CR2E037 (5/00)