

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 007 ****61.25

DOCUMENT # 713777

1. Entity Name

SAVE OUR BAYS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2585 CLEMATIS ST
 P O BOX 1333 (34230)
 SARASOTA FL 34239
 US

2585 CLEMATIS ST.
 P.O.BOX 1333 (34230)
 SARASOTA FL 34239-4026
 US

661121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 So. ORANGE AVE
 Suite, Apt. #, etc.

300 So. ORANGE AVE
 Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

SARASOTA, FL

4. FEI Number

59-1263112

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

SARASOTA

34236

SARASOTA

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

BASS, RICHARD W
 1953 8TH ST
 SARASOTA FL 34236

Name **F. GAINES FINLEY**

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

300 So. ORANGE AVE

City **SARASOTA** **FL** Zip Code **34236**

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

F. Gaines Finley, Pres.

5-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCELMURRAY, JEANNE	
STREET ADDRESS	1661 SUNRISE LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NAPOLIELLO, RUTH	
STREET ADDRESS	1050 LONGBOAT CLUB RD #501	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN DOROTHY	
STREET ADDRESS	2585 CLEMATIS ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, JULIE	
STREET ADDRESS	7251 PLOVER'S WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINES, FINLEY	
STREET ADDRESS	300 S ORANGE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BASS, RICHARD W	
STREET ADDRESS	1953 8TH ST	
CITY-ST-ZIP	SARASOTA FL 34236	

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD + PRESIDENT	<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		

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:

F. Gaines Finley, Pres. | **F. GAINES FINLEY** 5-1-01 941 366 4490

CR2E037 (9/99)