

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90262 029 \*\*\*\*61.25

**DOCUMENT # 713777**

1. Entity Name

**SAVE OUR BAYS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**300 SO. ORANGE AVE  
 SARASOTA FL 34236  
 US**

**300 SO. ORANGE AVE  
 SARASOTA FL 34236  
 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

**59-1263112**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLEY, F. GAINES  
 300 SO. ORANGE AVE  
 SARASOTA FL 34236**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **MCELMURRAY, JEANNE**  
 STREET ADDRESS **1661 SUNRISE LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **NAPOLIELLO, RUTH**  
 STREET ADDRESS **1050 LONGBOAT CLUB RD #501**  
 CITY-ST-ZIP **LONGBOAT-KEY FL 34228**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MULLEN DOROTHY**  
 STREET ADDRESS **2585 CLEMATIS ST**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HARRIS, JULIE**  
 STREET ADDRESS **7251 PLOVER'S WAY**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PTD**  Delete  
 NAME **GAINES, FINLEY**  
 STREET ADDRESS **300 S ORANGE**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Finley*  
**SIGNATURE**

**F. GAINES FINLEY**  
 4-30-02

Date

941-366-4490

Daytime Phone #

CR2E037 (9/01)