

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90199 029 \*\*\*\*70.00

**DOCUMENT # 748595**

1. Entity Name

**SAFE PLACE AND RAPE CRISIS CENTER, INC. OF SARAS**

Principal Place of Business

Mailing Address

1750 17TH ST.  
 UNIT H  
 SARASOTA FL 34234

1750 17TH ST.  
 UNIT H  
 SARASOTA FL 34234-8666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1943399**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**XXX**

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAY, JEAN B.**  
**1750 17TH ST., UNIT H**  
**SARASOTA FL 34234**

Name

**Stephanie C. Woods, Ex. Director**

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

**1750 17th Street, Unit H**

City

**Sarasota,**

**FL**

Zip Code

**34234**

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

*Stephanie C. Woods*

**Stephanie C. Woods, Ex. Director**

**1-19-2000**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**THOMAS, OLIVIA**  
**7615 WEEPING WILLOW CIR**  
**SARASOTA FL 34241**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S**  
**BRUDERLE, LOUISE**  
**984 INDIAN BEACH DR**  
**SARASOTA FL 34234**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**SASLAW, JENNIFER**  
**1003 WESTWAY DR**  
**SARASOTA FL 34236**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**DEREK BILLIB**  
**5418 SIESTA COVE DR.**  
**SARASOTA FL 34242**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**GAY, JEAN B.**  
**1435 KIMLIRA LANE**  
**SARASOTA FL 34231**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**T**  
**BROWN, MARY E**  
**PO BOX 3498**  
**SARASOTA FL 34230**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ 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: X

*Mary E Brown*

**1-19-00**

**322-1741**

Date

Daytime Phone #