

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90330 021 ****70.00

DOCUMENT # 748595

1. Entity Name

SAFE PLACE AND RAPE CRISIS CENTER, INC. OF SARASOTA

Principal Place of Business

Mailing Address

**2139 MAIN STREET.
SARASOTA FL 34237**

**2139 MAIN STREET
SARASOTA FL 34237**

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 ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODS, STEPHANIE C
2139 MAIN STREET
SARASOTA FL 34237**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SASLAW, JENNIFER
541 NORSOTA WAY
SARASOTA FL 34242**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
BILLIB, DEREK W
5418 SIESTA COVE DRIVE
SARASOTA FL 34242**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
Mary E. Brown
P. O. Box 3498
Sarasota, FL 34230**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DAVIDSON, ALICE
555 VERNA ROAD
SARASOTA FL 34240**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
Michelle D. Witzer
4129 Higel Avenue
Sarasota, FL 34242**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WOODS, STEPHANIE C
2604 BOTANY AVENUE
SARASOTA FL 34239**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
Jean B. Gay
5468 Sheffield Drive
Doylestown, PA 18901**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
THOMAS, OLIVIA
4816 ARLINGTON ROAD
PALMETTO FL 34221**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Stephanie C. Woods
2604 Botany Avenue
Sarasota, FL 34239**

☐ 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: *Stephanie C. Woods* **Stephanie C. Woods** *2-27-02* (941) 365-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)