

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000043

1. Entity Name

THE BREASTFEEDING ADVOCATES OF SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

211 ROBERTS ROAD
NOKOMIS FL 34275-3703

211 ROBERTS ROAD
NOKOMIS FL 34275-3703

2. Principal Place of Business

3. Mailing Address

677 N Washington Blvd 677 N. Washington Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34236

Sarasota

34236

Sarasota

4. FEI Number

65-0996452

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

HIGHLAND, JENNIFER L
211 ROBERTS ROAD
NOKOMIS FL 34275-3703

Name

Sharon O'Day

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

677 N. Washington Blvd

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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 PD
NAME BLOWERS, JANIS
STREET ADDRESS 3077 6TH ST
CITY-ST-ZIP SARASOTA FL 34237

☐ Change ☐ Addition

TITLE VPD
NAME O'DAY, SHARON
STREET ADDRESS 4787 VILLAGE GARDEN DR
CITY-ST-ZIP SARASOTA FL 34234

☐ Change ☐ Addition

TITLE TD
NAME MARTIN, CINDY
STREET ADDRESS 5721 ISANDA PL
CITY-ST-ZIP SARASOTA FL 34231

☐ Change ☐ Addition

TITLE SD
NAME HIGHLAND, JENNIFER
STREET ADDRESS 221 ROBERTS RD
CITY-ST-ZIP NOKOMIS FL 34275

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SD
NAME ENZOR, GLORI
STREET ADDRESS 3220 S. Tamiami Trail
CITY-ST-ZIP Sarasota FL 34239

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (941) 358-1991

Date

Daytime Phone #

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

05-14-2002 90061 039 ****61.25

850019



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)