

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-22-2003 90069 042 ****61.25

DOCUMENT # N02000000485

1. Entity Name

BODY & SOUL YOGA COOPERATIVE, INC.



Principal Place of Business

1919 1/2 MORRILL ST
SARASOTA FL 34236

Mailing Address

1919 1/2 MORRILL ST
SARASOTA FL 34236

55040342



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

03-0398053

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, TERRY LYNN
1919 1/2 MORRILL ST
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, not applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Delete
NAME: **PD WAGNER, TERRY LYNN**
STREET ADDRESS: **1919 1/2 MORRILL ST**
CITY-ST-ZIP: **SARASOTA FL 34236**

TITLE: ☐ Change ☒ Addition
NAME: **SECRETARY Michael Riter**
STREET ADDRESS: **591 Hibiscus Way**
CITY-ST-ZIP: **Longboat Key FL 34228**

TITLE: ☐ Delete
NAME: **SECRETARY MICHAEL RITER**
STREET ADDRESS: **591 Hibiscus Way**
CITY-ST-ZIP: **Longboat Key FL 34228**

TITLE: ☐ Change ☒ Addition
NAME: **TREASURER JAYE MARTIN**
STREET ADDRESS: **4006 Radnor Pl.**
CITY-ST-ZIP: **Sarasota FL 34233**

TITLE: ☐ Delete
NAME: **Audrey Bear - Director**
STREET ADDRESS: **99 S. Links Ave.**
CITY-ST-ZIP: **Sarasota FL 34236**

TITLE: ☐ Change ☒ Addition
NAME: **Jeanie Stewart - Director**
STREET ADDRESS: **2349 Constitution Blvd**
CITY-ST-ZIP: **Sarasota FL 34231**

TITLE: ☐ Delete
NAME: **Richard DeGennaro - Director**
STREET ADDRESS: **988 Blvd of the Arts # 1414**
CITY-ST-ZIP: **Sarasota FL 34236**

TITLE: ☐ Change ☒ Addition
NAME: **Richard DeGennaro - Director**
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CITY-ST-ZIP: **Sarasota FL 34236**

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 reports 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Daytime Phone #

CR2E037 (10/02)