

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90048 020 ****70.00

DOCUMENT # N02000005109

1. Entity Name

SARASOTA INFANT HOME, INC.



Principal Place of Business

**2376 NOVUS STREET
SARASOTA FL 34237**

Mailing Address

**2376 NOVUS STREET
SARASOTA FL 34237**

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

65-0869515

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBB, SHARON
2376 NOVUS STREET
SARASOTA FL 34237**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, CHERYL J	
STREET ADDRESS	1327 MAGELLAN DRIVE	
CITY-ST-ZIP	BRADENTON FL 34243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBB, SEAN R	
STREET ADDRESS	2048 DERBY GLEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LISA J	
STREET ADDRESS	75 170TH AVENUE	
CITY-ST-ZIP	NORTH REDDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Robb	
STREET ADDRESS	2048 DERBY GLEN DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBB, SEAN	
STREET ADDRESS	2048 DERBY GLEN DRIVE	
CITY-ST-ZIP	ORLANDO FLORIDA 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED Sharon M. Robb

Date

Daytime Phone #

**941-362-4115
12-4-02**

CR2E037 (10/02)