2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06104

1. Entity Name

SARASOTA-MANATEE RIGHT TO LIFE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90164 033 ****61.25

Principal Place of Business	Mailing Address
% GERALD B KEANE 46 NO. WASHINGTON BLVD. SUITE 5 SARASOTA FL 34236	% GERALD B KEANE 46 NO. WASHINGTON BLVD. SUITE 5 SARASOTA FL 34236-5932

DO NOT WRITE IN THIS SPACE

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 59-2481011 ☐ 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
KEANE, GERALD B 46 NO. WASHINGTON BLVD SUITE 5 SARASOTA FL 34236-2928	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 Gerald B. Keane 4-4-00
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	VD BUTZ, STEFAN 4819 SAN JOSE DR SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Butz, Stefan 4819 San Jose Dr. Sarasota, FL 34235	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD DEEDS, MARY 4833 STONE RIDGE TRAIL SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAKUBOWICZ, LYNN 4616 HIDDEN FOREST DR SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHUMARD, MILLIE 4892 OAK POINTE WAY SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Shumard, Millie 4892 Oak Pointe Way Sarasota, FL 34233	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUMARD, RAY 4892 OAK POINTE WAY SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFLUG, JOAN 3605 RIVEIRA DRIVE SARASOTA FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pflug, Joan 3605 Riviera Drive Sarasota, FL 34232	☑ Change ☐ Addition

CR2E037 (9/99)

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: Lynn Jakubowicz SIGNATURE REQUIRED Lynn Jakubowicz 4-4-00 941-922-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #