

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90077 046 ****61.25

DOCUMENT # N06104

1. Entity Name

SARASOTA-MANATEE RIGHT TO LIFE, INC.



Principal Place of Business

**% GERALD B KEANE
46 NO. WASHINGTON BLVD. SUITE 5
SARASOTA FL 34236**

Mailing Address

**% GERALD B KEANE
46 NO. WASHINGTON BLVD. SUITE 5
SARASOTA FL 34236**

90016555



☐ 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 **59-2481011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEANE, GERALD B
46 NO. WASHINGTON BLVD
SUITE 5
SARASOTA FL 34236-2928**

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 ☐ Delete
NAME **V BUTZ, STEFAN**
STREET ADDRESS **4819 SAN JOSE DR**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME **TD JAKUBOWICZ, LYNN**
STREET ADDRESS **4616 HIDDEN FOREST DR**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME **CSD SHUMARD, MILLIE**
STREET ADDRESS **4892 OAK POINTE WAY**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME **P SHUMARD, RAY**
STREET ADDRESS **4892 OAK POINTE WAY**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME **D PFLUG, JOAN**
STREET ADDRESS **3605 RIVEIRA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: *Lynn Jakubowicz* **SIGNATURE REQUIRED** *Lynn Jakubowicz* **1-29-03 941-922-4673**

CR2E037 (10/02)