FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State **DOCUMENT # N31429** 1. Entity Name 05-22-2002 90183 006 ****61.25 SARASOTA COUNTY YOUTH FOUNDATION, INC. Mailing Address Principal Place of Business % CHARLES J. BARTLETT % CHARLES J. BARTLETT 2033 MAIN ST. SUITE 600 2033 MAIN ST. SUITE 600 SARASOTA FL 34237-6052 SARASOTA FL 34237-6052 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0113865 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARTLETT, CHARLES J 2033 MAIN STREET SUITE 600 Zip Code City SARASOTA FL 34237 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Addition (9/01) TITLE ☐ Delete TITLE Barbara Wilson NAME HOWELL, EDWARD NAME STREET ADDRESS 20 southgate Cr. 1000 S, SCHOOL AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34233 __ Addition 🗖 Change. __ Delete TITLE NVP TITLE NAME JORDAN, RICH NAME STREET ADDRESS STREET ADDRESS 4171 FRUITVILLE RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Addition Change TITLE Delete NAME ANDERSON, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 525 FRUITVILLE RD. CITY-ST-ZIP CITY-ST-ZIP sarasota FL 34239-☐ Addition ☐ Change TITLE Delete NAME KERASICK, HOWARD NAME STREET ADDRESS STREET ADDRESS 5304 FOX RUN ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Change ☐ Addition □ Delete TITLE TITLE

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 bave 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TOWARD AND TWO OF PRINTED WAYE OF SIGNING OFFICER OR DIRECTO

☐ Delete

Date

Daytime Phone #

Change

☐ Addition