

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90115 009 \*\*\*\*70.00

**DOCUMENT # N34326**

1. Entity Name

**YANA FOUNDATION OF SARASOTA, INC.**



Principal Place of Business

Mailing Address

**4030 SAWYER COURT  
SARASOTA FL 34233  
US**

**4030 SAWYER COURT  
SARASOTA FL 34233  
US**

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 **59-2976471**

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**

**7. Name and Address of New Registered Agent**

**JACOBSON, SUE  
46 N WASHINGTON BLVD  
STE #1  
SARASOTA FL 34236**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VP	STEWART, WILLIAM	538 BEARDED OAK CIRCLE	SARASOTA FL 34232	<input type="checkbox"/>
P	LAZARUS, MARC	1700 S TAMIAMI TRAIL	SARASOTA FL	<input type="checkbox"/>
T	CARSON, S. DUDLEY GRI	5200 OCEAN BLVD	SARASOTA FL 34242	<input type="checkbox"/>
ED	DEVEREAUX, WILLIAM F SR	4312 MIDLAND	SARASOTA FL 34231	<input type="checkbox"/>
D	CUNNINGHAM, JOHN B	1 NORTH TUTTLE AVE	SARASOTA FL 34237	<input type="checkbox"/>
D	MCABE, PAT	1462 4TH ST	SARASOTA FL 34236	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D	Cunningham, John B	6771 PROFESSIONAL PARKWAY WEST SARASOTA, FL 34240	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	P	Mc Cabe, PAT	5840 26th St. W. BRADENTON, FL 34207	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:**

**WILLIAM F DEVEREAUX**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-6-03 941-922 9837**

CR2E037 (10/02)