2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47631

1. Entity Name

SARASOTA COUNTY EDUCATIONAL ASSISTANCE PROGRAM,

Principal Place of Business

Mailing Address

SARASOTA FL 34234		SARASOTA FL 34234			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 					
2. Principal F	Place of Business	3. Mailing Address								
at Timelpart lade of Besiliess		V. Mailing Address			£ 1002110	I MIS MURIS COMPONICIONE SILE	{ 	II) BHEIL CIBIT BI	EN BION IBOI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	DO NOT WRIT	E IN THIS S	SPACE		
City & Stat	ie	City & State	City & State		4. FEI Number 65-0316020 Applied For Not Applicable					
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Cur	rent Registered Agent	Agent			7. Name and Address of New Registered Agent				
•			Name	~			ogistereu r			
			Stroot A						T	
	.D, WILLIE MAE		Sileet A	Street Address (P.O. Box Number is Not Acceptable)						
2745 21 ST SARASOTA FL 34234										
SAHASUI	A FL 34234		City		FL Zip Code					
B. The above	named eptity submits this stateme	ent for the purpose of changing its	registered office or	register	red agent, or bot	th, in the state of Flo	rida -			
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11 11 116 SKUU VA										
SIGNATURE Signature, typogrof printed name of registered agengend title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, types or printed hame of registered	agentiand title if applicable. (NOTE	: Hegistered Agent signati	are required	when reinstating)		DATE			
FILE NOW: 9. Election Campaign FFF IS \$61.25 Trust Fund Contribu			~	\$5.0	00 May Be			ayable to		
	FEE IS \$61.25	riddi'i di'id Oorianba		Addec	I to rees	Det	partment	or State		
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFICER	RS AND DIF	RECTORS IN	10	
TITLE	ED	☐ Delete	TITLE	-				☐ Change	☐ Addition	
NAME	SHEFFIELD, WILLIE MAE		NAME							
STREET ADDRESS	2745 21 ST		STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP							
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition	
NAME	WASHINGTON, ANNIE R.		NAME							
STREET ADDRESS	4813 ALMANZA AVE		STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL	<u> </u>	CITY-ST-ZIP			- manager and manager				
TITLE	VD	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	HUNTER, JOHNNY, SR.		NAME							
CITY-ST-ZIP	3006 GOODRICH AVE	-	STREET ADDRESS CITY-ST-ZIP							
	SARASOTA FL SD		-							
itle Iame	ROGOFF, BOB	Delete	TITLE NAME					Change	☐ Addition	
TREET ADDRESS	1255 GULFSTREAM AVE		STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP							
TLE	TD	☐ Delete	TITLE					Change	Addition	
IAME	GRIMES, JETSON	LI Delete	NAME						Addition	
TREET ADDRESS	1580 28 ST		STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP							
ITLE		☐ Delete	TITLE		· · ·			☐ Change	☐ Addition	
IAME			NAME							
TREET ADDRESS	- -		STREET ADDRESS						1	
ITV CT 710			OUTY OF THE							

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 tustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE: