

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90463 018 ****70.00

DOCUMENT # N47631

1. Entity Name

SARASOTA COUNTY EDUCATIONAL ASSISTANCE PROGRAM, INC.

Principal Place of Business

Mailing Address

2745 21 ST
 SARASOTA FL 34234

2745 21 ST
 SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0316020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEFFIELD, WILLIE MAE
 2745 21 ST
 SARASOTA FL 34234

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

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 **ED** ☐ Delete
 NAME **SHEFFIELD, WILLIE MAE**
 STREET ADDRESS **2745 21 ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **President** ☐ Change ☒ Addition
 NAME **Sandy Carlson**
 STREET ADDRESS **233 South Blvd of the President**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **PD** ☒ Delete
 NAME **WASHINGTON, ANNIE R.**
 STREET ADDRESS **4813 ALMANZA AVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Cynthia Howard**
 STREET ADDRESS **P.O. Box 185**
 CITY-ST-ZIP **Tallebudine FL 34270**

TITLE **VD** ☐ Delete
 NAME **HUNTER, JOHNNY, SR.**
 STREET ADDRESS **3006 GOODRICH AVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Keith DuBose**
 STREET ADDRESS **1777 main street**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **SD** ☒ Delete
 NAME **ROGOFF, BOB**
 STREET ADDRESS **1255 GULFSTREAM AVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Rich Swier**
 STREET ADDRESS **6718 Paseo Castillo**
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **TD** ☐ Delete
 NAME **GRIMES, JETSON**
 STREET ADDRESS **1580 28 ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Mary Harding**
 STREET ADDRESS **1538 Sandpiper Lane**
 CITY-ST-ZIP **Sarasota FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **Horras Sheffield**
 STREET ADDRESS **2745 21st street**
 CITY-ST-ZIP **Sarasota, FL 34234**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/02

(941) 357-7269

CR2E037 (9/01)