

2002 UNIFORM BUSINESS REPORT (UBR)

27.

FILED
Apr 04, 2002 8:00 am
Secretary of State

02-28-2002 90040 003 ****70.00

DOCUMENT # N93000005300

1. Entity Name

SARASOTA COUNTY OPENLY PLANS FOR EXCELLENCE (SCOPE), INC.

20444



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1226 N. TAMiami TRAIL SUITE 202 SARASOTA FL 34236 US		Mailing Address 1226 N. TAMiami TRAIL SUITE 202 SARASOTA FL 34236 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0459837		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAILEY, CHARLES D JR. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236		7. Name and Address of New Registered Agent Name: <u>Tim Dutton</u> Street Address (P.O. Box Number is Not Acceptable): <u>1226 N. TAMiami TRAIL, STE 202</u> City: <u>SARASOTA</u> FL Zip Code: <u>34236</u>	
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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: Tim Dutton DATE: 2.11.02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LANE, ROBERT J CPA 1858 RINGLING BLVD SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOWARD CROWELL 1600 KEN THOMPSON PKWY SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIRSCHNER, KERRY 1201 S TAMiami TRAIL SARASOTA FL 34258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT LANE 8430 ENTERPRISE CIRCLE, SUITE 120 BRADENTON, FL 34202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER, ROBERT 1888 BROTHER GREENEN WAY SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISABEL NORTON 1500 NORTH DRIVE SARASOTA, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXECUTIVE DIRECTOR TIM DUTTON 1226 N. TAMiami TRAIL, SUITE 202 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE CHAIR JOHN DART 1549 RINGLING BLVD, STE 600 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 2.11.02 DAYTIME PHONE #: 941.365.8562
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)