

2002 UNIFORM BUSINESS REPORT (UBR)

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 (SCO PE), INC.

20444



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1226 N. TAMiami TRAIL SUITE 202 SARASOTA FL 34236 US		1226 N. TAMiami TRAIL SUITE 202 SARASOTA FL 34236 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	Applied For
65-0459837	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAILEY, CHARLES D JR. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236		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>	

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) DATE

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: VCD NAME: LANE, ROBERT J CPA STREET ADDRESS: 1858 RINGLING BLVD CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE: CD NAME: HOWARD CROWELL STREET ADDRESS: 1600 KEN THOMPSON PRWY CITY-ST-ZIP: SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: KIRSCHNER, KERRY STREET ADDRESS: 1201 S TAMiami TRAIL CITY-ST-ZIP: SARASOTA FL 34258	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: ROBERT LANE STREET ADDRESS: 8430 ENTERPRISE CIRCLE, SUITE 120 CITY-ST-ZIP: BRADENTON, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: CARTER, ROBERT STREET ADDRESS: 1888 BROTHER GREENEN WAY CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: ISABEL NORTON STREET ADDRESS: 1500 NORTH DRIVE CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D EXECUTIVE DIRECTOR NAME: TIM DUTTON STREET ADDRESS: 1226 N. TAMiami TRAIL, SUITE 202 CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: VICE CHAIR NAME: JOHN DART STREET ADDRESS: 1549 RINGLING BLVD, STE 600 CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 lists empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 2.11.02 DAYTIME PHONE #: 941-365-8562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)