

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

**FILED**  
Feb 04, 2003 8:00 am  
Secretary of State

02-04-2003 90133 029 \*\*\*\*70.00

DOCUMENT # **N93000005300**

1. Entity Name

**SARASOTA COUNTY OPENLY PLANS FOR EXCELLENCE (SCO PE), INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

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

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUTTON, TIM**  
1226 N TAMiami TRAIL  
SUITE 202  
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	Delete
CD	CROWELL, HOWARD	1600 KEN THOMPSON PKWY	SARASOTA FL 34236	<input checked="" type="checkbox"/>
TD	LANE, ROBERT	8430 ENTERPRISE CIR., STE 120	BRADENTON FL 34202	<input type="checkbox"/>
SD	NORTON, ISABEL	1500 NORTH DRIVE	SARASOTA FL 34239	<input checked="" type="checkbox"/>
D	DUTTON, TIM	1226 N TAMiami TRAIL, STE. 202	SARASOTA FL 34236	<input type="checkbox"/>
VD	DART, JOHN	1549 RINGLING BLVD., STE 600	SARASOTA FL 34236	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	NANCY ROUCHER	842 MANGROVE POINT RD	SARASOTA, FL 34242	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	JONO MILLER	5700 N. TAMiami TRAIL N.	SARASOTA, FL 34243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
CD	JOHN DART			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input 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: \_\_\_\_\_

**SIGNATURE AND TITLE REQUIRED**

1.28.03 74-365-8751

CP2E037 (10/02)

**22002521**



CHECK HERE IF MAKING CHANGES