

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90965 011 \*\*\*\*61.25

**DOCUMENT # N94000002075**

1. Entity Name

**SARASOTA FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.**



Principal Place of Business

**DENT & COOK  
330 S. ORANGE AVE.  
SARASOTA FL 34236**

Mailing Address

**C/O SHERRI JOHNSON  
330 S. ORANGE AVE.  
SARASOTA FL 34236**

**11021140**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1800 Second Street**

3. Mailing Address

**c/o Alyssa M. Sells**

Suite, Apt. #, etc.

**Suite 720**

Suite, Apt. #, etc.

**1800 Second St., #720**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

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

**COOPER, FRANCES G  
100 WALLACE AVENUE #240  
SARASOTA FL 34237**

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 **PD** ☐ Delete  
NAME **JOHNSON, SHERRI**  
STREET ADDRESS **330 S ORANGE AVE**  
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Sherri Johnson**  
STREET ADDRESS **330 S. Orange Avenue**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VD** ☐ Delete  
NAME **SELLS, ALYSSA**  
STREET ADDRESS **1800 2ND ST. #747**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **President** ☒ Change ☐ Addition  
NAME **Alyssa Sells**  
STREET ADDRESS **1800 Second Street, #720**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **TD** ☐ Delete  
NAME **STINNETT, ANNE**  
STREET ADDRESS **1800 2ND ST. #888**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Marjorie Schmoyer**  
STREET ADDRESS **1800 Second St., Suite 700**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **PD** ☐ Delete  
NAME **COOPER, FRANCES**  
STREET ADDRESS **100 WALLACE AVE #240**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Frances Cooper**  
STREET ADDRESS **100 Wallace Ave, #240**  
CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **SD** ☒ Delete  
NAME **BOEHM, MARYANN**  
STREET ADDRESS **23200 BERMONT RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MOYA, EVELYN**  
STREET ADDRESS **2180 MAIN ST.**  
CITY-ST-ZIP **SARASOTA FL 34278**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Evelyn Moya**  
STREET ADDRESS **2180 Main Street**  
CITY-ST-ZIP **Sarasota, FL 34278**

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: **REQUIRED**

**4-24-2003 (941) 952-1070**

CR2E037 (10/02)