

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002418

1. Entity Name

SERENOA YOUTH FOUNDATION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90069 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4 BRIDGE STREET  
 ENGLEWOOD FL 34223

4 BRIDGE STREET  
 ENGLEWOOD FL 34223-4634

2. Principal Place of Business

3. Mailing Address

800 S. Osprey Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Sarasota, FL 34237

4. FEI Number

65-0673133

Applied For

Not Applicable

Zip

Country

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

SHEA, NORMAN J. III  
 800 S. OSPREY AVE.  
 BLDG. A  
 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.

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 ☒ Delete  
 NAME D  
 STREET ADDRESS WOOD, ARTHUR M. JR.  
 CITY-ST-ZIP 1515 RINGLING BLVD.  
 SARASOTA FL

TITLE ☐ Change ☒ Addition  
 NAME Director  
 STREET ADDRESS Carroll Jones  
 CITY-ST-ZIP 4 Bridge St.  
 Englewood, FL 34223

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS OWEN, JAMES  
 CITY-ST-ZIP 6773 SERENOA DRIVE  
 SARASOTA FL

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SHEA, NORMAN J. III  
 CITY-ST-ZIP 800 S. OSPREY AVE.  
 SARASOTA FL

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SUPLER, T. RAYMOND  
 CITY-ST-ZIP 800 S. OSPREY AVE.  
 SARASOTA FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2000

CR2E037 (9/99)