2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N97000001152

Entity Name: SARASOTA SAILOR CIRCUS FOUNDATION, INC.

Current Principal Place of Business:

2075 BAHIA VISTA STREET
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2075 BAHIA VISTA STREET
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0810109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOEFFLER, SUSAN
2075 BAHIA VISTA STREET
SARASOTA, FL 34239

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SCHWANTZ, ANNE	
Address:	4141 TEE ROAD	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	RAMSEY, JERRY	
Address:	4760 COUNTRY MEADOWS BLVD	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	WEST, SUE	
Address:	5823 WHISTLEWOOD CIRCLE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	CAMPBELL, PATTY	
Address:	1937 N ALLENDALE	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	DUFF, MIKE	
Address:	2285 NOVUS STREET	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	HARTERY, CHARLIE	
Address:	5038 DELMONTE AVE	
City-St-Zip:	SARASOTA, FL 34235	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY CAMPBELL D 05/01/2003

Electronic Signature of Signing Officer or Director — Date

GLEN WOOD DIRECTOR
3055 SPENCER LANE
SARASOTA, FL 34239