

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001344**

1. Entity Name

SARASOTA REVIEW OF POETRY, INC.**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90330 047 ****61.25

Principal Place of Business

Mailing Address

**333 GIVENS ST
SARASOTA FL 34242****333 GIVENS ST
SARASOTA FL 34242**

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

NOT APPLICABLE

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****ABEL, WILLIAM T ESQUIRE
333 GIVENS ST
SARASOTA FL 34242**

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 \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	ABEL, ROBERT B	
STREET ADDRESS	333 GIVENS STREET	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABEL, WILLIAM T	
STREET ADDRESS	333 GIVENS STREET	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ABEL, TAYLOR D	
STREET ADDRESS	584 MARMORA	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABEL, ESTHER H	
STREET ADDRESS	584 MARMORA AVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02

941-953-3239

CR2E037 (9/01)