

DOCUMENT # N99000002385

1. Entity Name  
SARASOTA-MANATEE SOAP BOX DERBY, INC.

Principal Place of Business Mailing Address  
1355 WEST WAY DRIVE 1355 WEST WAY DRIVE  
SARASOTA FL 34236 SARASOTA FL 34236

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 65-0907969 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALEXANDER, JUDY S  
1355 WEST WAY DRIVE  
SARASOTA FL 34236  
7. Name and Address of New Registered Agent  
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                      | D                  | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ALEXANDER, BARRY   |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 1355 WESY WAY DR.  |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | SARASOTA FL 34236  |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | D                  | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WOLFF, PHYLLIS     |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 1111 N. GULFSTREAM |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | SARASOTA FL 34236  |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | D                  | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ALEXANDER, KIM     |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 1741 HAWTHORNE ST. |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | SARASOTA FL 34239  |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      | D                  | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ALEXANDER, JUDY    |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 1355 W. WAY DR.    |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | SARASOTA FL 34236  |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 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: JUDY S. ALEXANDER 1/4/01 941-388-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90144 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)