

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

03-24-2000 90062 022 ****70.00

DOCUMENT # N99000007232

1. Entity Name

SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, I

Principal Place of Business

Mailing Address

1001 N. WASHINGTON BLVD., #203
 SARASOTA FL 34236

1001 N. WASHINGTON BLVD., #203
 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
 65-0797727

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

THOMAS, STEVE B
 1001 N. WASHINGTON BLVD., #203
 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

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Dr. John Syster (D)	
STREET ADDRESS	1031 S. Euclid Ave., Sarasota, FL 34237	
CITY-ST-ZIP	..	
TITLE	Co-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Dr. Gregory E. Harris, Sr. (D)	
STREET ADDRESS	3954 Prudence Drive.	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	Vice-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Jerome DuPree (D)	
STREET ADDRESS	1432 17th St., Sarasota, FL 34234	
CITY-ST-ZIP		
TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacci Tutt (D)	
STREET ADDRESS	1031 S. Euclid Ave., Sarasota, FL 34237	
CITY-ST-ZIP		
TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Moran (D)	
STREET ADDRESS	3224 Golden Eagle Ln., Sarasota, FL 34231	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irma Hutchinson (D)	
STREET ADDRESS	2049 N. Honore Ave., Sarasota, FL 34235	
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 817, 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 of Steve B. Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/00

941-954-6553

Date

Daytime Phone #

CR2E037 (9/99)