

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91235 014 ****61.25

DOCUMENT # N99000007232

1. Entity Name

SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, I

Principal Place of Business

515 S. WASHINGTON BLVD
 SARASOTA FL 34236

Mailing Address

515 S. WASHINGTON BLVD
 SARASOTA FL 34236

658188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0797727

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Roy Galin**

Street Address (P.O. Box Number is Not Acceptable)

515 S. Washington Blvd

City **Sarasota**

FL

Zip Code **34236**

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 **Roy Galin (Interim)**

Signature, typed or printed name of registered agent and title if applicable.

Roy Galin

(NOTE: Registered Agent signature required when reinstating)

5/15/01

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 **CC** Delete
 NAME **SYSTER, REV. DR. JOHN**
 STREET ADDRESS **1031 S EUCLID AVE**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CCD** Delete
 NAME **HARRIS, REV. GREGORY E SR**
 STREET ADDRESS **3954 PRUDENCE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **DUPREE, REV. JEROME**
 STREET ADDRESS **1432 17TH STREET**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **RSD** Delete
 NAME **TUTT, JACCI**
 STREET ADDRESS **1031 S EUCLID AVE**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **RSD** Change Addition
 NAME **Nettie Baile**
 STREET ADDRESS **7119 Alderwood Dr**
 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **CSD** Delete
 NAME **MORAN, JANE**
 STREET ADDRESS **3224 GOLDEN EAGLE LANE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HUTCHINSON, JANE**
 STREET ADDRESS **2049 N HONORE AVE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **Treasurer** Change Addition
 NAME **John McGruder**
 STREET ADDRESS **1937 Datura St**
 CITY-ST-ZIP **Sarasota, FL 34239**

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**

5/15/01

954-6553

CR2E037 (10/00)