

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90051 048 \*\*\*\*61.25

UBR2001

**DOCUMENT # N99000007232**

1. Entity Name

**SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, I NC.**

Principal Place of Business

Mailing Address

**515 S. WASHINGTON BLVD  
 SARASOTA FL 34236**

**515 S. WASHINGTON BLVD  
 SARASOTA FL 34236**

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

**GAVLIN, RAY  
 515 S WASHINGTON BLVD  
 SARASOTA FL 34236**

Name **Clovia Russell**  
 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

*Clovia Russell* **Clovia Russell Lead Organizer**

**4/4/02**

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	CC	<input checked="" type="checkbox"/> Delete
NAME	SYSTER, REV. DR. JOHN	
STREET ADDRESS	1031 S EUCLID AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	CCD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, REV. GREGORY E SR	
STREET ADDRESS	3954 PRUDENCE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DUPREE, REV. JEROME	
STREET ADDRESS	1432 17TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, NETTIE	
STREET ADDRESS	7119 ALDERWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	MORAN, JANE	
STREET ADDRESS	3224 GOLDEN EAGLE LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCRUDER, JOHN	
STREET ADDRESS	1937 DATURA STREET	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	Co-Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Philip White	
STREET ADDRESS	6908 Beheva Rd.	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	Co-Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Albert Phillips	
STREET ADDRESS	2504 Gillespie Ave	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. William Ramos	
STREET ADDRESS	409 N. Lime	
CITY-ST-ZIP	Sarasota FL 34234	
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Rule	
STREET ADDRESS	2177 Cork Oak St.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Reeves	
STREET ADDRESS	4129 Webber St.	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfred Miller	
STREET ADDRESS	1115 - 68th Ave. Dr. W.	
CITY-ST-ZIP	Bradenton, FL 34207	

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:

*Philip O. White* **Philip O. White** **4/8/02** **941-922-7595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)