


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90735 039 \*\*\*\*61.25

**DOCUMENT # N99000007232**

1. Entity Name  
**SARASOTA UNITED FOR RESPONSIBILITY AND EQUITY, I NC.**



Principal Place of Business      Mailing Address  
**515 S. WASHINGTON BLVD**      **515 S. WASHINGTON BLVD**  
**SARASOTA FL 34236**      **SARASOTA FL 34236**

2. Principal Place of Business      3. Mailing Address  
**104 S. Pineapple Ave.**      **104 S. Pineapple Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State  
**Sarasota FL**      **Sarasota FL**

Zip      Country      Zip      Country  
**34236**      **Sarasota**      **34236**      **Sarasota**

4. FEI Number **65-079727**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUSSELL, CLORIA**  
**515 S WASHINGTON BLVD**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name **Clovia Russell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**104 S. Pineapple Ave.**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clovia Russell*      DATE **April 24, 2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> Delete
NAME	WHITE, PHILIP REV	
STREET ADDRESS	6908 BEHEVA RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	PHILLIPS, ALBERT REV.	
STREET ADDRESS	2504 GILLESPIE AVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMOS, WILLIAM	
STREET ADDRESS	409 N LIME	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	RULE, KATHY	
STREET ADDRESS	2177 CORK OAK ST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	REEVES, VALERIE	
STREET ADDRESS	4129 WEBBER ST	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ALFRED	
STREET ADDRESS	1115-68TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6908 Beneva Rd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Philip White*      Date **4/24/03**      Daytime Phone # **941/922-7595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)