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FILED
May 21, 2001 8:00 am
Secretary of State

04-23-2001 90250 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053199

1. Entity Name

SARASOTA EDUCATIONAL RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
2477 STICKNEY POINT ROAD UNIT 303B SARASOTA FL 34231	2477 STICKNEY POINT ROAD UNIT 303B SARASOTA FL 34231

455 69

DO NOT WRITE IN THIS SPACE

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 65-6041955 ☐ 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
RUBIN, JONATHAN R 2477 STICKNEY POINT ROAD UNIT 303B SARASOTA FL 34231	Name RUBIN, FERNE S. Street Address (P.O. Box Numbers Not Accepted) UNIT 303 B 2477 STICKNEY POINT RD City SARASOTA FL 34231

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 Jonathan R. Rubin (Signature, typed or printed name of registered agent and title if applicable.) Ferne S. Rubin (NOTE: Registered Agent signature required when reinstating) 17 April 01 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUBIN, FERNE S 2477 STICKNEY POINT ROAD SARASOTA FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ferne Rubin (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 17 April 01 (Date) 941-921-2778 (Daytime Phone #)