

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 005 ****70.00

DOCUMENT # 705654

1. Entity Name

RINGLING SCHOOL OF ART AND DESIGN, INC.

Principal Place of Business

Mailing Address

2700 N. TAMiami TrL.
 SARASOTA FL 34234

2700 N. TAMiami TrL.
 SARASOTA FL 34234-5812

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 **59-0637903**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBROUGH, ROBERT
1530 CROSS ST.
SARASOTA FL 33577-3715

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **CHRIST-JANER, ARLAND F DR**
 STREET ADDRESS **2700 N. TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **President** Change
 NAME **Thompson, Larry R. DR**
 STREET ADDRESS **2700 N. Tamiami Trail**
 CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **C** Delete
 NAME **KIRTLEY, WILLIAM T.**
 STREET ADDRESS **2940 S. TAMiami TRAIL**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SMITH, ERNEST**
 STREET ADDRESS **2494 DICK WILSON DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KIMBROUGH, ROBERT A.**
 STREET ADDRESS **1530 CROSS ST**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **KEATING, ELAINE**
 STREET ADDRESS **4134 GULF OF MEXICO DR, STE 10**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **KORCHECK, STEPHEN J DR**
 STREET ADDRESS **6424 FOX HUNT LANE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change
 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:

SIGNATURE REQUIRED

1-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #