

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90170 044 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0637903

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

**KIMBROUGH, ROBERT
 1530 CROSS ST.
 SARASOTA FL 33577-3715 34236**

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

TITLE Change Addition
 NAME **THOMPSON, LARRY R. DR.**

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

TITLE Change Addition
 NAME **MACIARIELLO, LAWRENCE Maj Gen (USAF Ret.)**
 STREET ADDRESS **7821 BROADWOOD PINES BLVD.**
 CITY-ST-ZIP **SARASOTA, FL 34243**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **JOHNSON, CAROLYN**
 STREET ADDRESS **3348 OLD OAK DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34239**

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

TITLE Change Addition
 NAME **TUCKER, JEFFREY**
 STREET ADDRESS **TUCKER-HALL**
 CITY-ST-ZIP **801 NORTH FRANKLIN ST./SUITE 2760 TAMPA, FL 33602**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. THOMPSON 01/10/02 941-351-5100

Date Daytime Phone #

CR2E037 (9/01)