

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733562

1. Entity Name

RINGLING SCHOOL OF ART & DESIGN LIBRARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1605 MAIN ST., SUITE 1100~~
SARASOTA FL ~~34236~~ 34237

~~1605 MAIN ST., SUITE 1100~~
SARASOTA FL ~~34236~~ 34237

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

51-0173628

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

PENDER JR., MICHAEL R.

~~1605 MAIN ST.~~ 2381 Fruitville Rd
~~SUITE 1100~~
SARASOTA FL ~~34236~~ 34237

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 NAME STREET ADDRESS CITY-ST-ZIP	D REEDER, SUSIE 1125 N LAKESHORE DR SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D JOHNSON, GAIL 5909 RAVENWOOD DRIVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD NORTON, ISABEL 1500 NORTH DRIVE SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, EILEEN 650 S OWL DRIVE SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENDER, MICHAEL R., JR. 1605 MAIN STREET #1100 2381 Fruitville Rd SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Michael R. Pender Jr.

Date

Daytime Phone #

7/2/02 944-366
2483

CR2E037 (9/01)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90044 014 ****61.25



DO NOT WRITE IN THIS SPACE