

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754627

1. Entity Name

ART UPTOWN, INC.

Principal Place of Business

1367 MAIN STREET
SARASOTA FL 34236

Mailing Address

1367 MAIN STREET
SARASOTA FL 34236

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

59-2030509

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

CLARK, DANA
2248 SCHOOL CRCL.
SARASOTA FL 33579

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 CUNDIFF, KATIE D 6420 FOX HUNT LN BRADENTON FL 34202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALTMAN, BETTY 606 CASEY KEY RD NOKOMIS, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC CLARK, DANA 2248 SCHOOL CRCL. SARASOTA, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BURNS, BIRD 6492 KAYWOOD RD. SARASOTA, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEELER, CARL MANATEE JR. COLLEGE BRADENTON FL	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90092 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)