

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90136 045 \*\*\*\*61.25

**DOCUMENT # 763627**



1. Entity Name  
**ART CENTER SARASOTA, INC.**

Principal Place of Business  
**707 N. TAMIAMI TRAIL  
SARASOTA FL 34236  
US**

Mailing Address  
**707 N. TAMIAMI TRAIL  
SARASOTA FL 34236  
US**

**22002406**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-0706844**  
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**

**CONFESSORE, LISA-MARIE  
5360 BENEVA WOODS CIRCLE  
SARASOTA FL 34233-4117**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa-Marie Confessore* **Lisa-Marie Confessore Executive Director**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **31 Jan 2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KNIGHT, FRANCES 700 JOHN RINGLING BLVD., N208 SARASOTA FL 34236-1542</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GORDON, BILL 3962 COUNTRY VIEW DR SARASOTA FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COPPENRATH, ROBERT A.M. 988 BLVD OF THE ARTS #617 SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIDSON, PATRICIA 4231 CHARING CROSS ROAD SARASOTA FL 34241</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITLOCK, DICK 7215 PINE VALLEY ST. BRADENTON FL 34202-4075</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEIN, VIVIAN 888 BLVD OF THE ARTS #1505 SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lisa-Marie Confessore* **Lisa-Marie Confessore**  
Signature and typed or printed name of signing officer or director DATE **31 Jan 2003 941.365.2072**

CP2E037 (10/02)

## ART CENTER SARASOTA, BOARD OF DIRECTORS

Doc # 763627

## ATTACHMENT

NAME Starting date, elected	ADDRESS	TELEPHONE / FAX	EMAIL
Andy Bowman 11/02	1220 Williams Road Bradenton, FL 34212	545-7301	abow905@aol.com
Barbara Caponigro 4/02	7123 Marston Court University Park, FL 34201	351-8669	rcap@prodigy.net
Bob Coppenrath 4/99	988 Blvd. of the Arts #617 Sarasota, FL 34236	365-6666 FAX /Phone	
Peter Gedeon 4/01	Post Office Box 17454 Sarasota, FL 34276-454	927-3109 cell: 704-3203	pgedeonphoto@earthlink.net
Bill Gordon 4/00	3962 Country View Drive Sarasota, FL 34233	922-8203	
Benjamin R. Hanan 4/02	240 S. Pineapple Ave, 10th Floor Sarasota, Florida 34236	Phone: 364-2788 FAX: 366-3999	bhanan@abelband.com
Charles A. Holman 4/01	8303 Shadow-Pine-Way Sarasota, FL 34238	921-6433	cah8303@comcast.net
Paul G. Hudson 4/01	6320 Venture Dr. Suite 100 Bradenton, FL 34202	Wk. 907-2109	Pgh3@ntrs.com
Linda Kauffmann 4/00	1630 Bonita Lane Sarasota, FL 34239	955-7177	LindaKauffmann@comcast.net
Gina L. Mascio 4/02	CPA Associates 1800 Second St., Suite 735 Sarasota, FL 34236	955-1095 Fax 955-1097	gmascio@cpa-associates.com
Florence Putterman 4/01	220 Morningside Drive Sarasota, FL 34236-1113	388-1660	Flo2@gte.net
Sam Shapiro 4/02	535 Sanctuary Drive #C707 Longboat Key, FL 34228	383-5173 330/262-0621	samshap@prodigy.net FAX: 383-4662
Alan Sloan 12/02	7277 Villa D'Este Drive Sarasota, FL	926-2560	villasloan@earthlink.net
Jane Smiley 12/02	435 S. Gulfstream #703 Sarasota, FL 34236	955-5836 Fax: 955-3188	j.t.smiley@att.com
Vivian Stein 4/99	888 Blvd. of the Arts #1505 Sarasota, FL 34236	365-2747	
Willem van Osnabrugge 4/01	4910 Cherry Laurel Way Sarasota, FL 34241-6401	922-2164	ringlingdocent@aol.com
Scott Watanabe 12/02	6812 Washington Place Bradenton, FL 34207	758-4961	watanabe@tampabay.rr.com
Gilbert Waters 4/01	1740 Wisconsin Lane Sarasota, FL 34239	957-0110 366-2307	egwaters@aol.com FAX: 955-3119
Dick Whitlock 4/01	7215 Pine Valley Street Bradenton, FL 34202-4072	351-5752	rwhitloc@tampabay.rr.com
Joan Wood 5/01	340 S. Palm Ave Sarasota, FL 34236	951-2471 Fax: 330-9831	jhwsrq@aol.com
EX-OFFICIO Lisa-Marie Confessore Executive Director	707 North Tamiami Trail Sarasota, FL 34236-4050	365-2032 Fax: 366-0585	visualartcenter@aol.com