

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90107 044 \*\*\*\*61.25

**DOCUMENT # N02000001189**

1. Entity Name  
**SANIBEL-CAPTIVA ART LEAGUE, INC.**



Principal Place of Business  
**3273 TWIN LAKES LANE  
SANIBEL FL 33957**

Mailing Address  
**PO BOX 1192  
SANIBEL FL 33957**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>JOHNS, CAROLYN 3273 TWIN LAKES LANE SANIBEL FL 33957</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNS, CAROLYN</b>			NAME			
STREET ADDRESS	<b>3273 TWIN LAKES LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISE, BETTY</b>			NAME	<b>HARRIES, ELEANOR</b>		
STREET ADDRESS	<b>1774 BUNTING LANE</b>			STREET ADDRESS	<b>513 LAKE MUREX CIRCLE</b>		
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>			CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIBSON, JEAN</b>			NAME	<b>RICHARD SMITH</b>		
STREET ADDRESS	<b>11408 OAKMONT COURT</b>			STREET ADDRESS	<b>9436 YUCCA CT.</b>		
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>			CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Richard C. Smith **RICHARD C. SMITH** JAN 20, 03 239-492-6531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)