

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14641

1. Entity Name

SARASOTA COUNTY ARTS COUNCIL, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90009 028 ****70.00

Principal Place of Business
1351 FRUITVILLE RD
SARASOTA FL 34236
US

Mailing Address
1351 FRUITVILLE RD
SARASOTA FL 34236-4909
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASWELL, PATRICIA
1351 FRUITVILLE ROAD
SARASOTA FL 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 PD ☒ Delete
NAME KIEBITZ, CINDY
STREET ADDRESS 1232 POINT CRISP ROAD
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ Change ☒ Addition
NAME Swain, Tony
STREET ADDRESS 1535 Second Street
CITY-ST-ZIP Sarasota, FL 34236

TITLE M ☐ Delete
NAME CASWELL, PATRICIA
STREET ADDRESS 1351 FRUITVILLE RD.
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ Change ☒ Addition
NAME Merritt-Darlington, Eleanor
STREET ADDRESS 3692 Walden Pond
CITY-ST-ZIP Sarasota, FL 34240

TITLE TD ☒ Delete
NAME BURKE-PHILLIPS, MICHELLE
STREET ADDRESS PO BOX 4054
CITY-ST-ZIP SARASOTA FL 34230

TITLE VD ☐ Change ☒ Addition
NAME Huntley, Darrell
STREET ADDRESS 423 Wincanton Place
CITY-ST-ZIP Venice, FL 34293

TITLE TD ☒ Delete
NAME KING, CLIFFORD
STREET ADDRESS PO BOX 2704
CITY-ST-ZIP SARASOTA FL 34230-2704

TITLE VD ☐ Change ☒ Addition
NAME Falcone, Tony
STREET ADDRESS 220 Davis Blvd
CITY-ST-ZIP Sarasota, FL 34237

TITLE VD ☒ Delete
NAME SCHULMAN, LOIS
STREET ADDRESS 435 S GULFSTREAM AVE
CITY-ST-ZIP SARASOTA FL

TITLE TD ☐ Change ☒ Addition
NAME Pender, Jr., Michael R.
STREET ADDRESS 1605 Main Street
CITY-ST-ZIP Sarasota, FL 34236

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Medina, John
STREET ADDRESS 1819 Main Street
CITY-ST-ZIP Sarasota, FL 34232

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 #

4-7-00 941-365-5118

CR2E037 (9/99)