

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14641

1. Entity Name

SARASOTA COUNTY ARTS COUNCIL, INC.

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90063 037 ****70.00

Principal Place of Business

1351 FRUITVILLE RD
SARASOTA FL 34236
US

Mailing Address

1351 FRUITVILLE RD
SARASOTA FL 34236
US

2. Principal Place of Business

1390 MAIN ST.
Suite, Apt. #, etc.
10th FL

3. Mailing Address

PO BOX 11009
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 59-2710755	Applied For <input type="checkbox"/> Not Applicable
Zip 34236	Country SARASOTA	Zip 34278-1009	Country SARASOTA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) 1390 MAIN STREET City SARASOTA FL Zip Code 34236	

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 PATRICIA CASWELL EXEC. DIR. *Patricia Caswell* 1/16/01
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	PD SWAIN, TONY 1535 SECOND ST SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYD ADLER 9100 FRUITVILLE RD SARASOTA FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CASWELL, PATRICIA 1351 FRUITVILLE RD. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT G. ROSKAMP 319 BIRD KEY DRIVE SARASOTA FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRITT-DARLINGTON, ELEANOR 3692 WALDEN POND SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD MICHAEL R. PENDER, JR. 1605 MAIN ST SARASOTA FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTLEY, DARRELL 423 WINCANTON PLACE VENICE FL 34293 <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	VD FALCONE, TONY 220 DAVIS BLVD SARASOTA FL 34237 <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	TD PENDER, MICHAEL R JR 1605 MAIN ST SARASOTA FL 34236 <input checked="" 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: *Patricia Caswell* 1/16/01 941-365-5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)