

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90018 046 \*\*\*\*70.00

**DOCUMENT # N14641**

1. Entity Name

**SARASOTA COUNTY ARTS COUNCIL, INC.**

Principal Place of Business

1390 MAIN ST  
 10TH FL  
 SARASOTA FL 34236  
 US

Mailing Address

P O BOX 11009  
 SARASOTA FL 34278-1009  
 US

2. Principal Place of Business

1226 N. TAMiami TRAIL  
 Suite, Apt. #, etc.  
 300

3. Mailing Address

1226 N. TAMiami TRAIL  
 Suite, Apt. #, etc.  
 300

City & State  
 SARASOTA FL

Zip  
 34236

City & State  
 SARASOTA FL

Zip  
 34236

4. FEI Number  
 59-2710755

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASWELL, PATRICIA  
 1390 MAIN STREET  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1226 N. TAMiami TRAIL  
 SUITE 300  
 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.

3/4/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADLER, SYD 4100 FRUITVILLE ROAD SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSKAMA, ROBERT G 319 BIRD KEY DRIVE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENDER, MICHAEL R JR 1605 MAIN ST SARASOTA FL 34236	<input type="checkbox"/> Delete
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	VD FALCONE, TONY 220 DAVIS BLVD SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELEANOR MERRITT-DARLINGTON SD 3692 WALDON POND SARASOTA FL 34240	<input type="checkbox"/> Change <input checked="" 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:

3/4/02

941-365-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)