

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90108 028 *****70.00

DOCUMENT # N14641

1. Entity Name

SARASOTA COUNTY ARTS COUNCIL, INC.



Principal Place of Business

**1226 N TAMiami TRAIL
300
SARASOTA FL 34236
US**

Mailing Address

**1226 N TAMiami TRAIL
300
SARASOTA FL 34236
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2710755**

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

**CASWELL, PATRICIA
1226 N TAMiami TRAIL
STE 300
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ADLER, SYD	
STREET ADDRESS	4100 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSKAMA, ROBERT G	
STREET ADDRESS	319 BIRD KEY DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENDER, MICHAEL R JR	
STREET ADDRESS	1605 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUNTLEY, DARRELL	
STREET ADDRESS	423 WINCANTON PLACE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERRITT-NARLINGTON, ELEANOR	
STREET ADDRESS	3692 WALDON POND	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Herman	
STREET ADDRESS	3313 Sabal Cove	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Syd Adler	
STREET ADDRESS	9100 Fruitville Rd.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Brett Rees	
STREET ADDRESS	Northern Trust Bank - 1515 Ringling Blvd.	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Thompson - Ringling School of Art & Design	
STREET ADDRESS	2700 N. Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Patricia Caswell PATRICIA CASWELL 4/14/03 941-365-5118

CR2E037 (10/02)