

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90225 020 \*\*\*\*61.25

**DOCUMENT # N42559**

1. Entity Name

**ART LEAGUE OF BONITA SPRINGS, INC.**

Principal Place of Business

27308 OLD 41 ROAD  
 BONITA SPRINGS FL 34135  
 US

Mailing Address

POST OFFICE BOX 1034  
 BONITA SPRINGS FL 34133-1034  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**26100 OLD 41 ROAD**

3. Mailing Address

**26100 OLD 41 ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BONITA SPRINGS, FL**

4. FEI Number

**65-0295085**

Applied For

Not Applicable

Zip

Country

Zip

**34135**

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

**RICHARDSON, RALPH A.**  
**27725 OLD 41 ROAD**  
**SUITE 104**  
**BONITA SPRINGS FL 33923**

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 **DP**  Delete  
 NAME **PECHETTE, JACQUELINE**  
 STREET ADDRESS **24850 PENNYROYAL DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **EXEC. DIRECTOR**  Change  Addition  
 NAME **BRIDGES, SUSAN A.**  
 STREET ADDRESS **26100 OLD 41 ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DVP**  Delete  
 NAME **GUST, DIANA**  
 STREET ADDRESS **4723 OAK LEAF DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **PRESIDENT**  Change  Addition  
 NAME **MARIE TRANOUICH**  
 STREET ADDRESS **26100 OLD 41 ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DRS**  Delete  
 NAME **EDEY, LOIS**  
 STREET ADDRESS **25901 HICKORY BLVD., #402**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **DCS**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **GORMAN, CLAIRE**  
 STREET ADDRESS **25541 FAIRWAY DUNES CT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DRS**  Change  Addition  
 NAME **ELIZABETH SNEPPE**  
 STREET ADDRESS **26100 OLD 41 ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DAT**  Delete  
 NAME **JOLICOEUR, LUCILLE**  
 STREET ADDRESS **3330 CROSSING COURT #PH2**  
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **DAT**  Change  Addition  
 NAME **JOAN DIXON**  
 STREET ADDRESS **26100 OLD 41 ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DCS**  Delete  
 NAME **LEPRE, MARION**  
 STREET ADDRESS **9950 KENTUCKY ST. S.E.**  
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **DVP**  Change  Addition  
 NAME **LUCILLE MC MURRY**  
 STREET ADDRESS **26100 OLD 41 ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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: **SUSAN A. BRIDGES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN A. BRIDGES** 5-0100 495-8989  
 Date Daytime Phone #

CR2E037 (9/99)