

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90155 034 ****61.25

DOCUMENT # N45373

1. Entity Name

ARTISTS SHOWPLACE COOPERATIVE, INC.

Principal Place of Business

705 LAKE AVE
 LAKE WORTH FL 33360-3812
 US

Mailing Address

~~705 LAKE AVE~~ **7027 Pine Manor**
 LAKE WORTH FL ~~33360-3812~~ **33467**
 US **8856**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0289397**

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

KLEBINS, RUTH C
705 LAKE AVENUE
LAKE WORTH FL 33460

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

After September 13, 2002,
min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	KLEBINS, RUTH C.	
STREET ADDRESS	7027 PINE MANOR DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHRAM, NAT	
STREET ADDRESS	7626 TAHITI LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, MATHEW	
STREET ADDRESS	5893 PARKWALK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRITZER, RUTH	
STREET ADDRESS	8432 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER MACLEOD, JOANNE	
STREET ADDRESS	712 LEMONGRASS LANE	
CITY-ST-ZIP	WELLINGTON FL 33416	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOERNER, ALLAN	
STREET ADDRESS	1104 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED

Ruth C. Klebins, Pres

CR2E037 (4/02)