

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90037 018 ****61.25

DOCUMENT # N97000006671

1. Entity Name

SANTA ROSA ART ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4256
 MILTON FL 32572

P.O. BOX 4256
 MILTON FL 32572

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

59-3492481

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

VREELAND, SARA L
3205 KINGSMILL RD.
PACE FL 32571

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: PD
 NAME: D'ASARO, PATRICIA Delete
 STREET ADDRESS: 4620 FORSYTH ST
 CITY-ST-ZIP: BAGDAD FL 32583

TITLE: PD
 NAME: WALL, VIRGINIA Change Addition
 STREET ADDRESS: 5035 SAINTS LANE
 CITY-ST-ZIP: MILTON FL 32570

TITLE: DV
 NAME: BULLARD, HERBERT Delete
 STREET ADDRESS: 2152 COPELARE RD
 CITY-ST-ZIP: MILTON FL 32583

TITLE: DV
 NAME: BURKHARDT, CHERYL Change Addition
 STREET ADDRESS: 5999 SAVANNAH DR
 CITY-ST-ZIP: MILTON FL 32570

TITLE: SD
 NAME: JAMES, BARBARA Delete
 STREET ADDRESS: 2600 PLEASANT GEORE RD
 CITY-ST-ZIP: MILTON FL 32570

TITLE: SD
 NAME: JAMES, BARBARA Change Addition
 STREET ADDRESS: 2600 PLEASANT GROVE RD
 CITY-ST-ZIP: MILTON FL 32570

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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: *Virginia G Wall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA WALL FEB 24 2001
 Date

Daytime Phone #

CR2E037 (10/00)

926133



DO NOT WRITE IN THIS SPACE