

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 019 ****61.25

DOCUMENT # N14350

1. Entity Name

SARASOTA CONCERT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

B0056882

2. Principal Place of Business
3820 AMAPOLA LANE

3. Mailing Address
3820 AMAPOLA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
592850861

Applied For
Not Applicable

Zip
34238

Country
US

Zip
34238

Country
US

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SCHIEFMAN, JAMES
Street Address (P.O. Box Number is Not Acceptable)
3820 AMAPOLA LANE

City
SARASOTA FL Zip Code
34238

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

FEE IS \$61.25
Initial or Amended UBR

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
PD
MILLER, MELTON M.
1328 GLENDALE CIRCLE E.
SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LEITER, MARTHA
4346 BRYANTS POND LANE
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SCHIFFMAN, JAMES
3820 AMAPOLA LANE
SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
QUIMBY, ROBERT F
1363 GLENDALE CIRCLE E.
SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
FLEMING, MILLICENT
4713 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAAR, HERMAN
101 S GULFSTREAM AVE, APT 8-D
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Schiffman James Schiffman, Treasurer

Date

Daytime Phone #

CR2E037B (12/01)