

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705654

1. Entity Name

RINGLING SCHOOL OF ART AND DESIGN, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90038 021 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2700 N. TAMiami TrL.  
SARASOTA FL 34234

Mailing Address

2700 N. TAMiami TrL.  
SARASOTA FL 34234

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

59-0637903

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

KIMBROUGH, ROBERT  
1530 CROSS ST.  
SARASOTA FL 33577-3715

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 CHRIST-JANER, ARLAND F DR  
STREET ADDRESS 2700 N. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34234 ☒ Delete

TITLE PD  
NAME THOMASON, LARRY R. Dr.  
STREET ADDRESS 2700 N. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

TITLE C  
NAME KIRTLLEY, WILLIAM T.  
STREET ADDRESS 2940 S. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

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

TITLE T  
NAME SMITH, ERNEST  
STREET ADDRESS 2494 DICK WILSON DRIVE  
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

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

TITLE D  
NAME KIMBROUGH, ROBERT A.  
STREET ADDRESS 1530 CROSS ST  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE VCD  
NAME KEATING, ELAINE  
STREET ADDRESS 4134 GULF OF MEXICO DR, STE 10  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE VCD  
NAME MACIARIELLO, LAWRENCE Ret. Maj., GCN.  
STREET ADDRESS 7821 BROADMOOR PINES BLVD.  
CITY-ST-ZIP SARASOTA, FL 34243 ☒ Change ☐ Addition

TITLE S  
NAME KORCHECK, STEPHEN J DR  
STREET ADDRESS 6424 FOX HUNT LANE  
CITY-ST-ZIP BRADENTON FL 34202 ☒ Delete

TITLE S  
NAME JOHNSON, CAROLYN  
STREET ADDRESS 3348 OLD OAK DRIVE  
CITY-ST-ZIP SARASOTA, FL 34239 ☒ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 941-359-7601

CR2E037 (10/00)