

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90170 044 \*\*\*\*70.00

**DOCUMENT # 705654**

1. Entity Name

**RINGLING SCHOOL OF ART AND DESIGN, INC.**

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 34236**

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 ☐ Delete  
 STREET ADDRESS 2700 N. TAMiami TRAIL  
 CITY-ST-ZIP SARASOTA FL 34234

TITLE THOMPSON, LARRY R. DR. ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE MACIARIELLO, LAWRENCE Maj Gen (USAF Ret.) ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7821 BROADMOR PINES BLVD.  
 CITY-ST-ZIP SARASOTA, FL 34243

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

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

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

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

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

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

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

TITLE TUCKER, JEFFREY ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS TUCKER-HALL  
 CITY-ST-ZIP 801 NORTH FRANKLIN ST./SUITE 2760  
 TAMPA, FL 33602

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

**LARRY R. THOMPSON**

**01/10/02 941-351-5100**

Date Daytime Phone #

CR2E037 (9/01)