

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713094

1. Entity Name

THE FRIENDS OF ART, INC.

Principal Place of Business

1301 STANFORD DRIVE
CORAL GABLES FL 33146

Mailing Address

1301 STANFORD DRIVE
CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6192862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURSAM, BRIAN
1301 STANFORD DR
CORAL GABLES FL 33146-9005

7. Name and Address of New Registered Agent

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

TITLE PD
NAME WOODSON, CATHERINE
STREET ADDRESS 1301 STANFORD DR
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE VD
NAME TATUM, ELAINE
STREET ADDRESS 1301 STANFORD DR
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE TD
NAME ELLISON, ELLEN
STREET ADDRESS 1301 STANDFORD DR
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME Tatum, Elaine ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Ehlenreich, David ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Witherspoon, Libby ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 of Elaine Tatum

1.17.02

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

02-04-2002 90176 020 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)