

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733109

1. Entity Name

LEE COUNTY ALLIANCE OF THE ARTS, INC.

Principal Place of Business

Mailing Address

10091 MCGREGOR BLVD.
FT MYERS FL 33919

10091 MCGREGOR BLVD.
FT MYERS FL 33919

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

51-0182649

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOLLANDER, KARL
10091 MCGREGOR BLVD
FORT MYERS FL 33919

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 NAME STREET ADDRESS CITY-ST-ZIP	D BERGIN, JEFF 14703 TRIPLE EAGLE CT FORT MEYERS FL 33990	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUTTON, KATHY 14556 NEW HAMPTON PLACE FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWTON, BILL 667 CARMELLE DR. FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, KAREN 3005 SE 18TH PL CAPE CORAL FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, DAVID 871 TOWN & RIVER DRIVE FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KARL, HOLLANDER 10091 MC GREGOR BLVD FORT MYERS FL 33919	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Director DORSETT, HERB 2126 ALICIA ST FORT MYERS, FL	☐ Change ☒ Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director	☒ 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:

KARL HOLLANDER, EXECUTIVE DIRECTOR

2/15/02

941-939-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)