

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741151

1. Entity Name

SARASOTA PROFESSIONAL ARTS ALLIANCE, INC.

Principal Place of Business

1241 N. PALM AVE.
SARASOTA FL 34236

Mailing Address

1241 N. PALM AVE.
SARASOTA FL 34236-5602

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSEN, JOHN
1241 N. PALM AVENUE
SARASOTA FL 34236

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 ☐ Delete
NAME TD
JACOBSEN, JOHN
STREET ADDRESS 1241 N. PALM AVE.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME SD
SERIE, GRETCHEN
STREET ADDRESS 636 MECCA DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☒ Delete
NAME PD
DEANE, ALLYN
STREET ADDRESS 61 N. PINEAPPLE
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Delete
NAME D
ROUCHER, JERRY
STREET ADDRESS 842 MANGROVE PT ROAD
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME John Jacobsen
STREET ADDRESS 1241 N. Palm Avenue
CITY-ST-ZIP Sarasota, FL 34236

TITLE DIR ☒ Change ☐ Addition
NAME Gretchen Serrie
STREET ADDRESS 709 N. Tamiami
CITY-ST-ZIP Sarasota, FL 34236

TITLE S/T ☐ Change ☒ Addition
NAME Donna Gerdes
STREET ADDRESS 5555 N. Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34243

TITLE DIR ☐ Change ☒ Addition
NAME Robert DeWarren
STREET ADDRESS 5555 N. Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34243

TITLE DIR ☐ Change ☒ Addition
NAME Joe Martinez
STREET ADDRESS 1345 Main St., Suite E
CITY-ST-ZIP Sarasota, FL 34236

TITLE DIR ☐ Change ☒ Addition
NAME Susan Danis
STREET ADDRESS 61 N. Pineapple
CITY-ST-ZIP Sarasota, FL 34236

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 John Jacobsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

(941) 366-9017

Date

Daytime Phone #

CR2E037 (9/99)