

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741151

1. Entity Name

SARASOTA PROFESSIONAL ARTS ALLIANCE, INC.

Principal Place of Business

Mailing Address

1241 N.PALM AVE.  
SARASOTA FL 34236

1241 N.PALM AVE.  
SARASOTA FL 34236

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSEN, JOHN  
1241 N. PALM AVENUE  
SARASOTA FL 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

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

TITLE D ☐ Delete  
NAME MCKENNA, JOE  
STREET ADDRESS 709 N TAMIAMI  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ST ☐ Delete  
NAME GERDES, DONNA  
STREET ADDRESS 5555 N TAMIAMI TRAIL  
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ Delete  
NAME DEWARREN, ROBERT  
STREET ADDRESS 5555 N TAMIAMI TRAIL  
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ Delete  
NAME MARTINEZ, JOE  
STREET ADDRESS 1345 MAIN ST STE E  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete  
NAME DANIS, SUSAN  
STREET ADDRESS 61 N PINEAPPLE  
CITY-ST-ZIP SARASOTA FL 34236

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Prince, Bobby  
STREET ADDRESS 290 Cocoonut  
CITY-ST-ZIP Sarasota, FL 34236

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0052564