

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752431**

1. Entity Name

FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS,**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 031 ****61.25

911170

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1800 SECOND ST
S717
SARASOTA FL 34236-5901****1800 SECOND ST
S717
SARASOTA FL 34236-5946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2096345

Applied For

Not Applicable

Zip

Country

Zip

Country

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**MCLAIN, GEORGE R.
1800 SEOND ST
S717
SARASOTA FL 33578**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KENWORTHY, RUTH	5175 SIESTA WOODS DRIVE	SARASOTA FL 34242	PD	KIGHT, MARIANNE B.	1202 LAKEWOOD RD	JACKSONVILLE, FL 32207
VD	JONES, ELISA	2864 SE LOVEJOY STREET	ARVADIA FL 34266	VD	WINKLEMAN, CELIA	1771 BISHOP ESTATES RD.	JACKSONVILLE, FL 32259
RSD	OBERLIN, LYNETTE	22355 HERNANDO AVE	PORT CHARLOTTE FL 33952	RSD	CARROLL, SHIRLEY	3841 HWY 83N	DE FUNIAK, SPRINGS, FL 32433
CSD	APTE, LINDA	1443 TANGLEWOOD DR	FT MYERS FL	CSD	BROWN, MARY J.	2530 LAKE ELLEN CR.	TAMPA, FL 33618
TD	STOLLER, COLLEEN	4409 OAK VIEW DR	SARASOTA FL				
CSD	CAMPBELL, ELIZABETH	4633 FOREST WOOD TR.	SARASOTA FL 34241				

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, without other like empowered.

SIGNATURE: COLLEEN STOLLER, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 (941) 378-4345

Date

Daytime Phone #