

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2002 8:00 am
Secretary of State**

01-30-2002 90004 044 ****61.25

DOCUMENT # 752431

1. Entity Name

**FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS,
INC.**

Principal Place of Business

Mailing Address

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

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

59-2096345

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

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

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 \$61.259. 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 PD ☐ Delete
NAME CARROLL, SHIRLEY
STREET ADDRESS 3841 HWY 83 N
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME WYATT, JENTA
STREET ADDRESS 3823 NE 19TH ST CR
CITY-ST-ZIP Ocala FL 34470TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE RSD ☐ Delete
NAME CAMPBELL, ANNE
STREET ADDRESS 3586 EARL CAMPBELL RD
CITY-ST-ZIP LAUREL HILL FL 32567TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CSD ☐ Delete
NAME BROWN, MARY J
STREET ADDRESS 2530 LAKE ELLEN CR
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME STOLLER, COLLEEN
STREET ADDRESS 4409 OAK VIEW DR
CITY-ST-ZIP SARASOTA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

941-378-4352

Daytime Phone #

CR2E037 (9/01)