

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 025 ****61.25

DOCUMENT # 762671

1. Entity Name

~~ENGLEWOOD ART GUILD, INC.---~~

ENGLEWOOD ART CENTER, INC.

Principal Place of Business

Mailing Address

DAVID A DUNKIN
 170 W DEARBORN
 ENGLEWOOD FL 34223

DAVID A DUNKIN
 170 W DEARBORN
 ENGLEWOOD FL 34223

2. Principal Place of Business

350 South McCall Road

Suite, Apt. #, etc.

3. Mailing Address

350 South McCall Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood, Florida

City & State

Englewood, FL

4. FEI Number

59-2274745

Applied For

Not Applicable

Zip

34223

Country

Zip

34223

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

DUNKIN, DAVID
 170 W DEARBORN
 ENGLEWOOD FL 34223

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 **S** ☐ Delete
 NAME **KUETZO, CECI**
 STREET ADDRESS **1490 ROOSEVELT DR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **VD** ☐ Delete
 NAME **ROBINSON, LINDA**
 STREET ADDRESS **119 BUNKER RD**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **VD** ☐ Delete
 NAME **RUSSELL, DEAN**
 STREET ADDRESS **2080 N. BEACH RD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **T** ☒ Delete
 NAME **FRANCIS, ELVIRA**
 STREET ADDRESS **13 BUNKER CIRCLE**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **PD** ☐ Delete
 NAME **STRUNZ, MARION**
 STREET ADDRESS **72 GOLFVIEW RD.**
 CITY-ST-ZIP **ROTONDA FL 22947**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **DAVIS, CHRISTINE**
 STREET ADDRESS **9470 IMPALA**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE ☒ Change ☐ Addition
 NAME **STRUNZ, MARION**
 STREET ADDRESS **127 PINE HOLLOW DR.**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

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

9/16/02 941-496-4453

Date

Daytime Phone #

CR2E037 (9/01)