

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90101 016 ****61.25

DOCUMENT # N00000003388

1. Entity Name

BISPHAM-WILSON ARTS AND HISTORIC DISTRICT ASSOCIATION, INC.



Principal Place of Business

**4613 S TAMAMI TRAIL
SARASOTA FL 34231**

Mailing Address

**4613 S TAMAMI TRAIL
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BERNS, ARNOLD
4613 S TAMAMI TRAIL
SARASOTA FL 34231**

4. FEI Number **31-1714821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☐ Delete
NAME	BERNS, ARNOLD	
STREET ADDRESS	P O BOX 20589	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE	VD	☐ Delete
NAME	GILLETTE, LINDA	
STREET ADDRESS	1549 RINGLING BLVD, SUITE 602	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	☐ Delete
NAME	CASSIDY, COLLEEN	
STREET ADDRESS	4613 S TAMAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/5/2003

Date

941 924 5224

Daytime Phone #

CR2037 (10/02)