

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90094 017 ****61.25

DOCUMENT # N02000005221

1. Entity Name

THE ARTIST SERIES OF SARASOTA, INC.



Principal Place of Business

**1800 BEN FRANKLIN DR B-506
SARASOTA FL 34236**

Mailing Address

**1800 BEN FRANKLIN DR B-506
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

65-0755294

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

**ROSS, JEROLD W.
1800 BEN FRANKLIN DR B-506
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. 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 **DP** ☐ Delete
NAME **ROSS, JEROLD W**
STREET ADDRESS **1800 BEN FRANKLIN DR B-506**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D.** ☐ Change ☐ Addition
NAME **FRED WORTLIER**
STREET ADDRESS **8129 REGENTS CT.**
CITY-ST-ZIP **SARASOTA, FL 34201**

TITLE **DST** ☐ Delete
NAME **ROSS, LEE D**
STREET ADDRESS **1800 BEN FRANKLIN DR B-506**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Change ☐ Addition
NAME **MARTHA LEITER**
STREET ADDRESS **4346 BRYANTS POND LANE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **OV** ☐ Delete
NAME **HINRICH, BETSY**
STREET ADDRESS **4231 PALACIO DR**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Change ☐ Addition
NAME **VIRGINIA TOLIMIN**
STREET ADDRESS **340 PALM AVE #143**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D** ☐ Delete
NAME **DEANE ALLYN**
STREET ADDRESS **5135 COTE DU RHONE WAY**
CITY-ST-ZIP **SARASOTA, FL 34238**

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

TITLE **D** ☐ Delete
NAME **RAY BROTH**
STREET ADDRESS **5074 HANGINGWISS LANE**
CITY-ST-ZIP **SARASOTA, FL 34238**

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

TITLE **D** ☐ Delete
NAME **BETSY BAGBY**
STREET ADDRESS **700 RINGLINE**
CITY-ST-ZIP **SARASOTA, FL 34236**

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 of Jerold W. Ross, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

941-388-4094

Daytime Phone #

CR2E037 (10/02)