

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90123 020 \*\*\*\*61.33

**DOCUMENT # NO2000005467**

1. Entity Name

**FULTON ROSS FUND FOR VISUAL ARTISTS, INC.**



Principal Place of Business

**3360 S OSPREY AVENUE APT 102A  
SARASOTA FL 34239**

Mailing Address

**3360 S OSPREY AVENUE APT 102A  
SARASOTA FL 34239**

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

**22 3858593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, GALE FULTON  
3360 S OSPREY AVENUE APT 102A  
SARASOTA FL 34239**

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. **Gale Fulton Ross**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director President</b>	<input type="checkbox"/> Delete
NAME	<b>Chairman Treasurer</b>	
STREET ADDRESS	<b>3360 S. Osprey 1018</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34239</b>	
TITLE	<b>Director, Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Hartford Hobbs Ph.D.</b>	
STREET ADDRESS	<b>2220 Stickney Pt. Rd. #510</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34239</b>	
TITLE	<b>Dr. Edward Little John</b>	<input type="checkbox"/> Delete
NAME	<b>(DIRECTOR)</b>	
STREET ADDRESS	<b>8106 Regents Ct</b>	
CITY-ST-ZIP	<b>UNIVERSITY PARK, FL. 34231</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>Janice Fitzgerald</b>	
STREET ADDRESS	<b>P.O. Box 1662</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34230</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Janice Fitzgerald</b>	
STREET ADDRESS	<b>5229 CHASE OAKS DR</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34241</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gale Fulton Ross** **GALE FULTON ROSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)