

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90249 006 ****61.25

DOCUMENT # N02000006147

1. Entity Name

ARTISTS HELPING ARTISTS, INC.



Principal Place of Business

**344 MONROE DRIVE
SARASOTA FL 34236**

Mailing Address

**344 MONROE DRIVE
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

30-0108078

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

**CUSHMAN, SUZETTE
344 MONROE DRIVE
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

2/21/03

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, GALE F**
STREET ADDRESS **3360 S. OSPREY AVENUE #102A**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **DS** ☒ Delete
NAME **FALCONE, TONY**
STREET ADDRESS **1524 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DT** ☐ Delete
NAME **CUSHMAN, SUZETTE**
STREET ADDRESS **344 MONROE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **PIKE, GARY**
STREET ADDRESS **1524 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President (DP)** ☒ Change ☐ Addition
NAME **Tony Falcone**
STREET ADDRESS **1524 Fruitville Rd**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **Vice-President (DV)** ☒ Change ☐ Addition
NAME **Lois Schulman**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary/Treasurer (DS/T)** ☒ Change ☐ Addition
NAME **Suzette Cushman**
STREET ADDRESS **344 Monroe Dr**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **Director (D)** ☒ Change ☐ Addition
NAME **Gary Pike**
STREET ADDRESS **1524 Fruitville Rd**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **D** ☒ Change ☐ Addition
NAME **Gale Fulton Ross**
STREET ADDRESS **3360 S. Osprey Ave #102A**
CITY-ST-ZIP **Sarasota, FL 34239**

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

CR2E037 (10/02)

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:

Suzette Cushman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 941-544-6557