2001 UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # N17336** 1. Entity Name SARASOTA MUSIC FESTIVAL, INC. 03-12-2001 90459 036 ****61.25 Principal Place of Business Mailing Address 709 N TAMIAMI TRAIL 709 N TAMIAMI TRAIL SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2603081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH McKenna Street Address (P.O. Box Number is Not Acceptable) Joseph Mc KENNA -Serrie-Gretchen-709 N. TAMIAMI TRAIL 709 North Tamiami SARASOTA FL 34236 Zip Code 34236 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME JOST, JACK NAME STREET ADDRESS 4807 PEREGRINE PT. CIR WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE BEATRICE FRIEDMAN NAME NAME STREET ADDRESS STREET ADDRESS 435 L'AMBIANCE DR PHG CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 5EC TITLE Delete TITLE Change ☐ Addition ROWALD JURGENS ROBBINS, RUTH NAME NAME 1560 HARBOR SOUND DR STREET ADDRESS 1800 BEN FRANKLIN DR. #A602 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SARASOTA FL 34236 LONGBOAT KEY, FL 34228 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME RICE, ERNEST R. NAME STREET ADDRESS 700 JOHN RINGLING BLVD #2312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL **UPD X**Addition ☐ Delete TITLE ☐ Change NAME NAME WEINKLE, SUSAN 2423 LANDINGS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON. ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 dath; 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 addless, with all other like empowered.