

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90035 032 ****61.25

DOCUMENT # N17336

1. Entity Name

SARASOTA MUSIC FESTIVAL, INC.

Principal Place of Business

Mailing Address

**709 N TAMiami TRAIL
 SARASOTA FL 34236**

**709 N TAMiami TRAIL
 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

59-2603081

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

**MCKENNA, JOSEPH
 709 NORTH TAMiami TRAIL
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **JOST, JACK**
 STREET ADDRESS **4807 PEREGRINE PT. CIR WEST**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **VD** ☐ Delete
 NAME **BEATRICE FRIEDMAN**
 STREET ADDRESS **435 L'AMBIANCE DR PHG**
 CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **S** ☐ Delete
 NAME **JURGENS, RONALD**
 STREET ADDRESS **1560 HARBOR SOUND DR**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **SD** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
 NAME **RICE, ERNEST R.**
 STREET ADDRESS **700 JOHN RINGLING BLVD #2312**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **SHANLEY, DOUGLAS M.**
 STREET ADDRESS **5271 ASHLEY PARKWAY**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **VPD** ☒ Delete
 NAME **WEINKLE, SUSAN**
 STREET ADDRESS **2423 LANDINGS CIRCLE**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VD** ☐ Change ☒ Addition
 NAME **LEUCHTER, HOPE**
 STREET ADDRESS **36 TIDY ISLAND BLVD**
 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **VD** ☐ Change ☒ Addition
 NAME **LANGTON, BRYAN D.**
 STREET ADDRESS **3632 FAIR OAKS PL.**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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 REQUIRED

1-17-02

941-953-4252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)