

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45373

1. Entity Name

ARTISTS SHOWPLACE COOPERATIVE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90082 001 ****61.25

0053881

Principal Place of Business
705 LAKE AVE
LAKE WORTH FL 33360-3812
US

Mailing Address
705 LAKE AVE
LAKE WORTH FL 33360-3812
US

612200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0289397

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KLEBINS, RUTH C
7749 W. LAKE WORTH RD.
LAKE WORTH FL 33467

Name
Street Address (P.O. Box Number is Not Acceptable)
Klebins, Ruth C. - Artists Showplace
City 705 Lake Ave. Lake Worth, FL Zip Code 33460

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

Ruth C. Klebins, Pres.

(NOTE: Registered Agent signature required when reinstating)

1/14/01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KLEBINS, RUTH C. 7027 PINE MANOR DRIVE LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHRAM, NAT 7626 TAHITI LANE LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COHEN, MATHEW 5893 PARKWALK DRIVE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KRITZER, RUTH 8432 HEATHER PLACE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRUNER, SHEILA 7700-1 STONE HARBOUR DR LAKE WORTH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOERNER, ALLAN 1104 LAKE BREEZE DRIVE WELLINGTON FL 33414 | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JOANNE BAKER MacLEOD 712 LEMONGRASS LANE, WELLINGTON, FL, 33414 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Ruth C. Klebins, Pres.

1/14/01 561-433-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)