

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 91000001353

1. Entity Name

ASSOCIATION FOR THE CALLIGRAPHIC ARTS

APPROVED
AND
FILED

01 JUN -1 PM 12:22

Principal Place of Business

Mailing Address

132 Great Road
STE 200
STOW MA 01775

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1223 Woodward Ave

3. Mailing Address

3157 San Mateo St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

South Bend, Indiana

City & State

Clearwater, FL

4. FEI Number

59-3431492

Applied For

Not Applicable

Zip

46616

Country

USA

Zip

33754-3530

Country

USA

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

JOANNE C. FINK
345 EDEN TRAIL
LAKE MARY, FL 32746

Name ARLENE LANE

Street Address (P.O. Box Number is Not Acceptable)

3157 SAN MATEO ST.

City CLEARWATER

FL

Zip Code

33754-3530

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

Arlene Lane

ARLENE LANE

5-31-01

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:

Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Delete
NAME Diane S FENETE
STREET ADDRESS 43682 Arlington Rd
CITY-ST-ZIP CANTON, MI 48187

TITLE Director ☐ Change ☒ Addition
NAME Anne Binder
STREET ADDRESS 1223 Woodward Ave.
CITY-ST-ZIP South Bend, IN. 46616

TITLE Director ☒ Delete
NAME Aimee Michaels
STREET ADDRESS 196 Lasell Street
CITY-ST-ZIP West Roxbury MA 02132

TITLE Director ☐ Change ☒ Addition
NAME Linda Renc
STREET ADDRESS 135 Joyce St.
CITY-ST-ZIP Safety Harbor, FL 34695

TITLE Director ☒ Delete
NAME JOANNE FINK
STREET ADDRESS 345 EDEN TRAIL
CITY-ST-ZIP LAKE MARY FL 32746

TITLE Director ☐ Change ☒ Addition
NAME Arlene Lane
STREET ADDRESS 3157 San Mateo St.
CITY-ST-ZIP Clearwater FL 33754-3530

TITLE Director ☒ Delete
NAME Lauren Hunter
STREET ADDRESS 132 Great Rd Ste 200
CITY-ST-ZIP Stow, MA 01775

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900004421569--8
CITY-ST-ZIP -06/15/01--01018--024
*****70.00 *****70.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Arlene Lane* ARLENE LANE 5-31-01 727-725-3462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)