## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000004731

Entity Name: TOWLES COURT ART ASSOCIATION, INC.

1943 MORRILL STREET

SARASOTA, FL 34236

Address:

City-St-Zip:

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1943 MORILL STREET SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 1943 MORILL STREET SARASOTA, FL 34236 FEI Number: 65-0777668 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARRILLO, KATHLEEN 1945 MORŔILL ST SARASOTA, FL 34236 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DUERLER, NICOLE Name: Name: 1938 ADAMS LANE #206 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CARRILO, KATHLEEN Name: Address: 1945 MORILL STREET Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition FLEMING, BEVERLY Name: Name: 1938 ADAMS LANE #102 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: GAWLE, PAT Name: 1960 ADAMS LANE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: Title: () Delete () Change () Addition BUTLER, KATHARINE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DUERLER NICOLE TD 04/29/2003