

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90075 024 ****70.00

DOCUMENT # N97000004950

1. Entity Name

FROSTPROOF ART LEAGUE AND GALLERY, INC.

Principal Place of Business

**12 EAST WALL STREET
FROSTPROOF FL 33843**

Mailing Address

**P.O. BOX 654
FROSTPROOF FL 33843
US**

00010041



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

59-3473603

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

**DUNBAR, GRACE S
16 BRADFORD BLVD
FROSTPROOF FL 33843**

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 Grace S. Dunbar, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 14, 2001

**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 **DS** ☒ Delete
NAME **SMITH, MARIBETH**
STREET ADDRESS **324 SUNSET RD**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DS** ☐ Change ☒ Addition
NAME **Hutzelman, Kay**
STREET ADDRESS **735 N. Lake Reedy Blvd**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **DV** ☒ Delete
NAME **DUNBAR, JAMES**
STREET ADDRESS **16 BRADFORD ST.**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DP** ☐ Change ☒ Addition
NAME **Gifford, Leon**
STREET ADDRESS **3449 N Hwy 27 #541**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☐ Delete
NAME **BOYD, SUE W**
STREET ADDRESS **640 BOHDE RD**
CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE **DV** ☐ Change ☒ Addition
NAME **Bowen, Patricia**
STREET ADDRESS **2266 N Lake Reedy Blvd**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **DT** ☐ Delete
NAME **DUNBAR, GRACE**
STREET ADDRESS **16 BRADFORD ST. BLVD**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D** ☒ Change ☐ Addition
NAME **Dunbar, James**
STREET ADDRESS **16 Bradford Blvd**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☐ Delete
NAME **WILSON, PATRICIA**
STREET ADDRESS **100 N. PALM AVE.**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D** ☐ Change ☒ Addition
NAME **Harshman, Frank**
STREET ADDRESS **3449 N Hwy 27 #238**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **DP** ☒ Delete
NAME **BOWEN, WANNIS**
STREET ADDRESS **2266 N. LAKE REEDY BLVD.**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D** ☒ Change ☐ Addition
NAME **Bowen, Wannis**
STREET ADDRESS **2266 N. Lake Reedy Blvd.**
CITY-ST-ZIP **Frostproof, FL 33843**

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:

Grace S. Dunbar GRACES. DUNBAR 2-14-01 Home 863-635-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)