

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90001 023 \*\*\*\*61.25

**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**

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

**59-3473603**

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

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

Name

**DONNA SPURLOCK**

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

**2166 N LAKE REEDY BLVD.**

City

**FROSTPROOF**

**FL**

Zip Code

**33843**

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

*Donna Spurlock*

**DONNA SPURLOCK, TREASURER**

*1/25/02*

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 **DS** ☒ Delete  
NAME **HUTZELMAN, KAY**  
STREET ADDRESS **735 NORTH LAKE REEDY BLVD**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DS** ☐ Change ☒ Addition  
NAME **JUDY BLAKELEY**  
STREET ADDRESS **157 SAND PINE TRAIL**  
CITY-ST-ZIP **FROSTPROOF, FL 33843** ☐ Change ☐ Addition

TITLE **DP** ☐ Delete  
NAME **GIFFORD, LEON**  
STREET ADDRESS **3449 NORTH HWY 27 #541**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DP** ☐ Change ☐ Addition  
NAME **GIFFORD, LEON**  
STREET ADDRESS **3449 NORTH HWY 27 #541**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DV** ☐ Delete  
NAME **BOWEN, PATRICIA**  
STREET ADDRESS **2266 NORTH LAKE REDDY BLVD**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DV** ☐ Change ☐ Addition  
NAME **BOWEN, PATRICIA**  
STREET ADDRESS **2266 NORTH LAKE REDDY BLVD**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **DONNA SPURLOCK**  
STREET ADDRESS **2166 N LAKE REEDY BLVD.**  
CITY-ST-ZIP **FROSTPROOF, FL 33843** ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **HARSHMAN, FRANK**  
STREET ADDRESS **3449 NORTH HWY 27 #238**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D** ☐ Change ☐ Addition  
NAME **HARSHMAN, FRANK**  
STREET ADDRESS **3449 NORTH HWY 27 #238**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

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

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

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:

*Donna Spurlock*

**DONNA SPURLOCK, TREASURER**

*1/25/02 863635-7271*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)