

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90856 050 \*\*\*\*61.25

**DOCUMENT # N98000001574**

1. Entity Name

**SARASOTA SEASON OF SCULPTURE, INC.**



Principal Place of Business

**436 BURNS COURT  
SARASOTA FL 34236**

Mailing Address

**PO BOX 49948  
SARASOTA FL 34230-6948**

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 **65-0864493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUSSELL, JEFFREY S  
240 S. PINEAPPLE AVENUE  
10TH FLOOR  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, JILL A 436 BURNS COURT SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JEFFREY S P.O. BOX 49848 SARASOTA FL 34230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUYKENDAL, CHARLES AIA BARGER DEAN 227 CENTRAL AVE SARASOTA FL 32436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARLETTS, DAVID 2 NORTH TAMiami TRAIL SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, DWIGHT 1041 INDIAN BEACH DR SARASTOA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 a letter like empowered.

SIGNATURE:

**JILL A. KAPLAN, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 25, 2003*

CR2E037 (10/02)

# ABEL | BAND

ATTORNEYS AND COUNSELORS AT LAW

Mailing Address: P.O. Box 49948, Sarasota, FL 34230-6498

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SARASOTA, FL 34236  
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FAX 941-366-3999  
WWW.ABELBAND.COM

Cheryl E. Johnson, CLA  
Writer's Direct Line: (941) 366-6660  
Direct E-mail: cjohnson@abelband.com  
Please refer to our file number: 8354-1

February 27, 2003

Uniform Business Reports  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Sarasota Season of Sculpture, Inc.

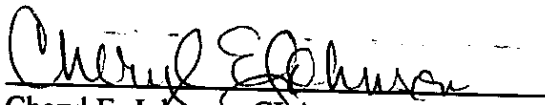
Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report for Sarasota Season of Sculpture, Inc. together with a check in the amount of \$61.25. Please file this report at your earliest opportunity.

Thank you for your cooperation in this matter.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER,  
PITCHFORD & GORDON, CHARTERED

  
Cheryl E. Johnson, CLA  
For The Firm

:cej

Enclosure

cc: Jill Kaplan  
Jeffrey S. Russell, Esq.

SARASOTA, FLORIDA

VENICE, FLORIDA

DENVER, COLORADO

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED