

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90017 009 \*\*\*\*61.25

**DOCUMENT # 751233**

1. Entity Name

**ATLANTIC CENTER FOR THE ARTS, INC.**

Principal Place of Business

Mailing Address

**1414 ART CENTER AVENUE  
 NEW SMYRNA BEACH FL 32168**

**1414 ART CENTER AVENUE  
 NEW SMYRNA BEACH FL 32168**

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

**59-1998321**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOLODINSKY, RICHARD  
 707 E THIRD AVE  
 NEW SMYRNA BEACH FL 32169**

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

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	VC	<input type="checkbox"/> Delete
NAME	POHL, FRANK	
STREET ADDRESS	280 W CANTON AVENUE SUITE 410	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SEIDEL, KATHRYN	
STREET ADDRESS	PO BOX 161990	
CITY-ST-ZIP	ORLANDO FL 32816-1990	
TITLE	S	<input type="checkbox"/> Delete
NAME	LASSITER, BEVERLY P	
STREET ADDRESS	1033 CREEK BEND DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, EDWARD	
STREET ADDRESS	2801 N PENINSULA AVE #408	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOLODINSKY, RICHARD	
STREET ADDRESS	707 E 3RD AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	MARKUNAS, PAUL	
STREET ADDRESS	1299 S PENNSYLVANIA AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 386 427 6975  
 Date Daytime Phone #

CR2E037 (9/01)