2000 UNIFORM BUSINESS REPORT (JUBR)

DOCUMENT # 768558

8/8

FILED Aug 28, 2000 8:00 am Secretary of State

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1.	Entity Name		

3revard	REGIONAL	ARTS	GROUPS,	INC.
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						08-08-2000 900	JZU UIT "	70.00
Principal Pla	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
625 E. NEW HAVEN AVE. MELBOURNE FL 32901 US		625 E. NEW HAVEN AVE. MELBOURNE FL 32901-5468 US						
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2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		EQ 0000040			opplied For	
Zip	Country	Country Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional
	6. Name and Address of Current	Registered Agent			7Name and Address			
	U. Hallo did Address of Collent	neglatered Agent	Nan	ne	,			
	•		- Ctra	Gera	a 1 d. S. Bres! P.O. Box Number is Not A	Sanatable)		
PORSI, D/			200	283	3 Pembroke 1	Rd		
	RAWBRIDGE AVE							_
MELBOUR	INE FL 32901		City		ourne _	FL	Zip Co	de
8. The above	named entity submits this statement to	or the purpose of changing its	registered office			tate of Florida.	1243	· · · · ·
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent	Deviuper erudengu	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE:	Registered Agent s	Deviupes enutangu	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:			<u>;</u>		Payable t	0
SIGNATURE			Financing _	\$5.0	when reinstating) O May Be to Fees	Make Check Departmen		0
	FILE NOW: FEE IS \$61.25	 Elaction-Campaign Trust Fund Contribu 	Financing tion.	\$5.0 Added	May Be to Fees	Make Check Departmen	t of State	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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CITY-ST-ZIP

(321) 984-1900