

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 18265

1. Entity Name

Florida Association of Local Arts Agencies Inc.

(R)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90004 050 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

5600 North Flagler Drive
Suite, Apt. #, etc.
Unit 1410

City & State
West Palm Beach, Florida

Zip
33407

Country
US

3. Mailing Address

Post Office Box 3486

Suite, Apt. #, etc.

City & State
West Palm Beach, Florida

Zip
33402-3486

Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number 53-2952677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sherron Long
5600 North Flagler Drive
Unit 1410
West Palm Beach, Florida 33407

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

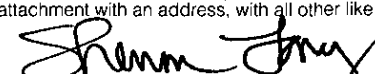
10. OFFICERS AND DIRECTORS

TITLE	Chief Operating Officer	☐ Delete
NAME	Sherron Long	
STREET ADDRESS	5600 North Flagler Drive, #1410	
CITY-ST-ZIP	West Palm Beach, Florida 33407	
TITLE	President	☐ Delete
NAME	Norree Boyd	
STREET ADDRESS	1555 Palm Beach Lakes Blvd. #1414	
CITY-ST-ZIP	West Palm Beach, Florida 33401	
TITLE	Treasurer	☐ Delete
NAME	Art Keeble	
STREET ADDRESS	725 East Kennedy Street	
CITY-ST-ZIP	Tampa, FL	
TITLE	Secretary	☐ Delete
NAME	Monica Haskell	
STREET ADDRESS	5100 College Road	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:  Sherron Long 4/28/00 561-848-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)