

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90312 027 *****61.25

DOCUMENT # N18265

1. Entity Name

FLORIDA ASSOCIATION OF LOCAL ARTS AGENCIES, INC.



Principal Place of Business

**5600 N. FLAGLER DR.
#1410
WEST PALM BEACH FL 33407**

Mailing Address

**PO BOX 3486
WEST PALM BEACH FL 33402
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**LONG, SHERRON
5600 N. FLAGLER DR.
#1410
WEST PALM BEACH FL 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. 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	VPD BECHT, MARY 100 S ANDREWS AVE FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, PATRICIA 1351 FRUITVILLE RD SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEEBLE, ARTHUR 725 E KENNEDY ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LONG, SHERRON 5600 N. FLAGLER DR. WEST PALM BEACH FL 33407	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, KAY E 2725 JUDGE FEAN JAMIESON WAY, C202 VIERA FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASKELL, MONICA 5100 COLLEGE RD KEY WEST FL 33040	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Sherron Long President 4-30-03 561-548-6231

CR2E037 (10/02)