

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21494

1. Entity Name

FLORIDA STORYTELLING ASSOCIATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90381 041 ****61.25

Principal Place of Business

Mailing Address

825 ROYAL PALM DR
CASSELBERRY FL 32707
US

P.O. BOX 181342
CASSELBURY FL 32718-1342
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2836345

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN MCLAUGHLIN
512 MORNINGSID DR
PONTE VEDRA BCH FL 32082

Name

Kaye Byrnes

Street Address (P.O. Box Number is Not Acceptable)

182 COASTAL OAK CIRCLE

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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

Kaye Byrnes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

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 D ☐ Delete
NAME AYRAR, CARRIE S
STREET ADDRESS 1829 NE 179 ST
CITY-ST-ZIP N MIAMI FL 33112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME SIMS, JANE
STREET ADDRESS 35 FULLERWOOD DR
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ Change ☒ Addition
NAME Cheryl Floyd
STREET ADDRESS 1529 Forest Lake Blvd.
CITY-ST-ZIP Naples FL 34105

TITLE T ☒ Delete
NAME JOHN MCLAUGHLIN
STREET ADDRESS 512 MORNINGSID DR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☒ Addition
NAME Nancy Case
STREET ADDRESS 1917 NW 102 Place
CITY-ST-ZIP Gainesville FL 32653-0972

TITLE S ☒ Delete
NAME BYRNES, KAYE
STREET ADDRESS 182 COASTAL OAK CR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME Kaye Byrnes
STREET ADDRESS 182 Coastal Oak Circle
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ Delete
NAME LEONARD, DON
STREET ADDRESS 28 OCALI WAY
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NEASE, PAT
STREET ADDRESS 4435 PRATT AVE
CITY-ST-ZIP PANAMA CITY FL 32404

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: Kaye Byrnes, Treasurer

Kaye Byrnes

4/28/01

904 285-1561

CR2E037 (10/00)