

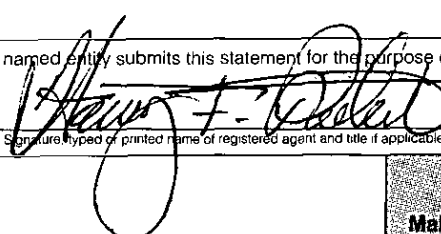
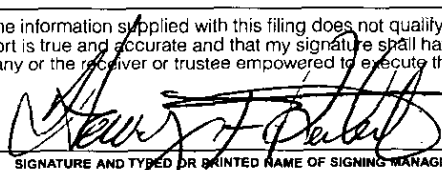
2000 UNIFORM BUSINESS REPORT (UBR)

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

07-14-2000 90003 027 ****61.25
 05-04-2000 90022 045 ****61.25

AJ067746

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000002964					
1. Entity Name St. Johns County Cultural Council, Inc. f/k/a The Seven Lively Arts Alliance of St. Johns County, Inc.					
Principal Place of Business			Mailing Address		
7175 A1A South, Unit A-207 St. Augustine, FL 32086			7175 A1A South, Unit A-207 St. Augustine, FL 32086		
2. Principal Place of Business		3. Mailing Address			
12326 Arbor Drive		PO Box 2164			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State St. Augustine, FL 3		4. FEI Number 59-3581209	
Zip 32082		Country USA		Applied For Not Applicable	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Jan Earl Jertson 7175 A1A South, Unit A-207 St. Augustine, FL 32086			Name Henry F. Robert		
			Street Address (P.O. Box Number is Not Acceptable) 12325 Arbor Drive		
			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		Henry F. Robert, Registered Agent			
		(NOTE: Registered Agent signature required when reinstating)			
		DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jertson, Jan Earl	<input checked="" type="checkbox"/> Change	NAME		
STREET ADDRESS	7175 A1A South, Unit A-207		STREET ADDRESS	SEE ATTACHED	
CITY-ST-ZIP	St. Augustine, FL 32086		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilliland, Thomas M.		NAME		
STREET ADDRESS	65 Fullerwood Drive		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32095		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boles, Maureen		NAME		
STREET ADDRESS	35 Mulberry		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32084		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilliland, Cora Lee		NAME		
STREET ADDRESS	65 Fullerwood Drive		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32095		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Henry F. Robert, Executive Director		904/273-3011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

CR2E083 (11/99)

N99000002964

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ST. JOHNS COUNTY CULTURAL COUNCIL, INC.
Officers and Directors

Director, President [x] Change [] Addition
Jan Jertson
17 Bridge Street
St. Augustine, FL 32084

Director, Executive Director [] Change [x] Addition
Henry F. Robert, Jr.
12326 Arbor Drive
Ponte Vedra Beach, FL 32082

Director, Secretary [] Change [x] Addition
L. John Arbizzani
44 Avenida Menendez
St. Augustine, FL 32084

Director, Treasurer [] Change [x] Addition
James R. Spaulding
1695 US Highway 1
St. Augustine, FL 32086

Director [] Change [x] Addition
Len Weeks
P.O. Box 3225
St. Augustine, FL 32085

Director [] Change [x] Addition
Sally Ann Freeman
134 Marine Street
St. Augustine, FL 32084

Director [] Change [x] Addition
George Featherston
1000 PGA Tour Blvd.
Ponte Vedra Beach, FL 32082

Director [] Change [x] Addition
John J. Reardon
P.O. Box 349
St. Augustine, FL 32085

Director [] Change [x] Addition
Joseph Gordy
400 Health Park Blvd.
St. Augustine, FL 32086

N490000002404

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Law Offices

HOLLAND & KNIGHT LLP

50 North Laura Street, Suite 3900
P.O. Box 52687 (ZIP 32201-2687)
Jacksonville, Florida 32202

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Miami	Representative Offices:
New York	Buenos Aires
	Tel Aviv

July 7, 2000

CRYSTAL J. ADKINS
904-798-7255

Internet Address:
cadkins@hklaw.com

Division of Corporations
Registration Section
Department of State
PO Box 6327
Tallahassee, Florida 32314

Re: St. Johns County Cultural Council, Inc. f/k/a The Seven Lively Arts
Alliance of St. Johns County, Inc.
2000 Uniform Business Report

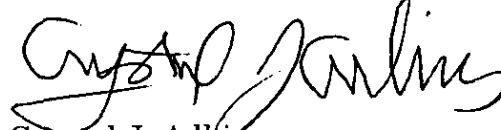
Dear Sir or Madam:

Please find enclosed the 2000 Uniform Business Report for the above-referenced corporation. I was informed by your office on Thursday, July 6, 2000, that this corporation, although late paying its annual fee, had not been administratively dissolved by the Department of State and, therefore, still owed \$61.25 for its annual fee. As a result, please find enclosed a check made payable to the Department of State in the amount of \$61.25.

Please call me if you have any questions or comments. Thank you for your assistance with this matter.

Very truly yours,

HOLLAND & KNIGHT LLP



Crystal J. Adkins

CJA:dlm
Enclosures
cc: Mr. Henry F. Robert