

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48931

1. Entity Name

THE ART GUILD OF PONCE INLET, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90178 043 ****61.25

Principal Place of Business

4670 S PENINSULA DR.
 PONCE INLET FL 32127
 US

Mailing Address

PO BOX 238414
 ALLANDALE FL 32123-8414
 US

00000200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3131891

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

HANSEN, MARY D
 STORCH, HANSEN & MORRIS P.A.
 1620 S CLYDE MORRIS BLVD., S-300
 DAYTONA BCH. FL 32119

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

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 PD ☒ Delete
 NAME LAND, CAROLYN
 STREET ADDRESS 5961 BROKEN BOW LANE
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE PD ☒ Change ☐ Addition
 NAME Kushigian Rose
 STREET ADDRESS 119 Rains Ct.
 CITY-ST-ZIP Ponce Inlet FL 32127

TITLE VD ☒ Delete
 NAME REINHART, VIVIAN
 STREET ADDRESS 82 MAPLE IN THE WOODS
 CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE VD ☒ Change ☐ Addition
 NAME Kewee Doris
 STREET ADDRESS 4512 Nettle Creek Ct.
 CITY-ST-ZIP Port Orange FL 32127

TITLE SD ☒ Delete
 NAME AMEOIAN, JAN
 STREET ADDRESS 87 CINDY LANE
 CITY-ST-ZIP PONCE INLET FL 32127

TITLE SD ☒ Change ☐ Addition
 NAME Edwinia Cloce
 STREET ADDRESS 4567 Alder Dr.
 CITY-ST-ZIP Port Orange FL 32127

TITLE TD ☒ Delete
 NAME FITZPATRICK, JANE A
 STREET ADDRESS 75 CIRCLE DR
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TD ☒ Change ☐ Addition
 NAME Kathy Finocchiaro
 STREET ADDRESS 105 Ocean Air Terrace South
 CITY-ST-ZIP Ormond Beach FL 32176

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

Signature of Mary D. Hansen April 26 2000