

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90176 001 ****52.50
 05-24-2000 90044 027 ****35.00

DOCUMENT # 700951

1. Entity Name

FLORIDA FEDERATION OF THE ARTS, INC.

Principal Place of Business

Mailing Address

% J. PENDLETON GAINES
 1405 DOLIVE DR.
 ORLANDO FL 32803

% J. PENDLETON GAINES
 1405 DOLIVE DR.
 ORLANDO FL 32803-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1233311

Applied For

Not Applicable

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

GAINES, J. PENDLETON
1405 DOLIVE DR.
ORLANDO FL 32803

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 fee 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 ☐ Delete

V
FELDER, IRVING
180 S KNOWLES AVE
WINTER PARK FL

TITLE ☐ Delete

D
CUCUEL, BRUCE
2418 SUMMERFIELD RD.
WINTER PARK FL

TITLE ☐ Delete

D
KOEVENIG, JAMES L. (DR.)
845 KEYSTONE CIR.
OVIEDO FL

TITLE ☐ Delete

D
HEINEMANN, PAUL
208 PAMPAS GRASS CT.
LAKE MARY FL

TITLE ☐ Delete

V. J. Pendleton Gaines
1405 Dolive Dr
Orlando FL 32803

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

TITLE
 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 employees.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-60

407 891-4511

Date

Daytime Phone #

CR2E037 (9/99)