

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90281 012 ****61.25

DOCUMENT # 701597

1. Entity Name

ART CENTER OF COCOA VILLAGE, INC.

Principal Place of Business

425 BREVARD AVENUE
COCOA FL 32923-1274
US

Mailing Address

425 BREVARD AVENUE
COCOA FL 32923-1274
US

2. Principal Place of Business

1015 A FLORIDA Ave
Suite, Apt. #, etc.
Rockledge, FL.
City & State

3. Mailing Address

P.O. Box 1274
Suite, Apt. #, etc.
Cocoa, FL.
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7354704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, GENIE
425 BREVARD AVENUE
COCOA FL 32923-1274

7. Name and Address of New Registered Agent

Name Anita Bieske
Street Address (P.O. Box Number is Not Acceptable)
1015 A FLORIDA Ave
City Rockledge FL Zip Code 32955

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 Anita Bieske

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GENIE 1321 HERITAGE ACRES BOULEVARD ROCKLEDGE FL 32955 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anita Bieske 1260 ISLAND DR. MERRITT ISLAND, FL 32952 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, CLAUDINE 3747 TOMLIN DRIVE COCOA FL 32926 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anna Jo VAHLE 2610 OVERLOOK CT. MERRITT ISLAND, FL 32953 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, NATASHA 12 STONE STREET COCOA FL 32922 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth BARNHART 6250 CAPSTAN CT. ROCKLEDGE, FL 32955 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTANI, LOU 200 S. SYKES CREEK PARKWAY, #A-8 MERRITT ISLAND FL 32952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL DOW 1283 ROYAL BIRKDALE CIR ROCKLEDGE, FL 32955 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, RUTH 6250 CAPSTAN COURT ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenda Reece 275 WILLOW AVE MERRITT ISLAND, FL 32953 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES LA ROCQUE 495 BELLA CAPRI DR MERRITT ISLAND FL 32952 ☐ 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:

Anita Bieske REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01

CR2E037 (10/00)