

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710431

1. Entity Name

FLORIDA LEAGUE OF THE ARTS, INC.

**FILED**  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90010 010 \*\*\*\*70.00

Principal Place of Business 2408 EDGEWATER DRIVE ATTN: DR. J. RICHARD WARREN NICEVILLE FL 32578	Mailing Address 2408 EDGEWATER DRIVE ATTN: DR. J. RICHARD WARREN NICEVILLE FL 32578
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1967073	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WARREN, J. RICHARD DR  
2408 EDGEWATER DRIVE  
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

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 J. Richard Warren, Ph.D. (NOTE: Registered Agent signature required when reinstating) DATE

CERTIFICATE FEE = 8.75 FILE NOW: FEE IS \$61.25 ok 1051 \$ 70.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOWN, STEVE 18 SW MEMORIAL DR FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDEGREN, CECILE 206 VICKI LEIGH RD FORT WALTON BEACH FL 32547-1904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTF BENNETT, ANNE 167 WASHINGTON AVE VALPARAISO FL 32560 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TISA, LEO P PO BOX 898 NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD1 BOONE, DAWN 112 ALABAMA AVE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO WARREN, J. RICHARD DR 2408 EDGEWATER DR NICEVILLE FL 32578-2304 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CECILE K. LINDEGREN 206 VICKI LEIGH ROAD FT. WALTON BEACH, FL 32547-1904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMMEDIATE PAST PRESIDENT STEVE MCCOWN 18 S.W. MEMORIAL DRIVE FT. WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WESLEY POOLE 510 GOLF SHORE DRIVE DESTIN, FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> 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: J. RICHARD WARREN, Ph.D. 2-14-02 850-678-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)