

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # 715224

1. Entity Name

LONGBOAT KEY CENTER FOR THE ARTS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90005 015 \*\*\*\*61.25

Principal Place of Business  
6860 LONGBOAT DRIVE SOUTH  
LONGBOAT KEY FL 34228

Mailing Address  
6860 LONGBOAT DRIVE SOUTH  
LONGBOAT KEY FL 34228-1036

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

59-1149579

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CUNNINGHAM, BETH  
4350 CHATHAM E104  
LONGBOAT KEY FL 34228

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 Beth Cunningham, Director

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

(NOTE: Registered Agent signature required when reinstating)

Beth Cunningham

4/19/00

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 WESELEY, SUSAN  
STREET ADDRESS 2425 GULF OF MEXICO DRIVE #A-4  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE PD ☒ Change ☐ Addition  
NAME ROSE SCOTT  
STREET ADDRESS 4310 PALMOUTH DRIVE, #301  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE SD ☐ Delete  
NAME JONES, LAURIE  
STREET ADDRESS P O BOX 615/6465 GULFSIDE RD  
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE VD ☐ Delete  
NAME JOHNSON, RONALD  
STREET ADDRESS 6865 HUGHES STREET  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VD ☒ Change ☐ Addition  
NAME ANDY FRANK  
STREET ADDRESS 1065 GULF OF MEXICO DR., #104  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VD ☐ Delete  
NAME PLANCK, KENT  
STREET ADDRESS 1932 HARBOURSIDE DR, #224  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VD ☒ Change ☐ Addition  
NAME PATRICIA METZ  
STREET ADDRESS 6700 GULF OF MEXICO DR., #114  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE TDTR ☐ Delete  
NAME MONROE, ANDREW P  
STREET ADDRESS 3130 BAYOU SOUND  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE TDTR ☒ Change ☐ Addition  
NAME ROBERT WAGNER  
STREET ADDRESS P.O. BOX 8660  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VD ☐ Delete  
NAME FARBER, ROBERT  
STREET ADDRESS 3585 MISTLETOE LANE  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VD ☒ Change ☐ Addition  
NAME JOAN WEBSTER  
STREET ADDRESS 5555 GULF OF MEXICO DR., #101  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

383-2345

Date

Daytime Phone #

CR2E037 (9/99)