## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am **DOCUMENT # 715224 Secretary of State** 1. Entity Name LONGBOAT KEY CENTER FOR THE ARTS, INC. 02-01-2001 90070 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 6860 LONGBOAT DRIVE SOUTH 6860 LONGBOAT DRIVE SOUTH LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address - Suite Apt. #, etc ~ Suite, Apt. #, etc.: DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1149579 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CUNNINGHAM, BETH 4350 CHATHAM E104 SHORE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE **Addition** 7 Delete 4310 FALMOUTH DR. #4-301 WESELEY, SUSAN NAME NAME STREET ADDRESS 2425 GULF OF MEXICO DRIVE #A-4 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP $\nabla \overline{\mathsf{D}}$ SD TITLE ☐ Delete FRANK, ANDY, JONES: LAURIE NAME NAME 1065 GULF OF MEXICO DR, #104 P O BOX 615/6465 GULFSIDE RD STREET ADDRESS STREET ADDRESS BK, F1 34228 CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WEBSTER, JOAN JOHNSON, RONALD NAME NAME 5333 GULF OF MEXICO #101 STREET ADDRESS 6865 HUGHES STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BK, FI LONGBOAT KEY FL 34228 Change **X** Addition TITI F TITLE ☑ Delete METZ, PATRICIA PLANCK, KENT NAME NAME 6700 GULF OF MEXICO DR. #114 STREET ADDRESS 1932 HARBOURSIDE DR. #224 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -BK, FL 34228 LONGBOAT KEY FL 34228 TITLE TITLE ☐ Change Addition ENDALL, DAVID MONROE, ANDREW P NAME NAME 784 LYONS LANE STREET ADDRESS 3130 BAYOU SOUND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change Addition TITLE TITLE NAME FARBER, ROBERT NAME STREET ADDRESS 3585 MISTLETOE LANE STREET ADDRESS CITY-ST-ZIP **LONGBOAT KEY FL 34228** 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 eath; 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 enter like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAN 25/2001 941-383-234