

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722233

1. Entity Name

CEDAR KEY SIDEWALK ARTS AND FINE CRAFTS FESTIVAL

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90082 018 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 298
CEDAR KEY FL 32625

P.O. BOX 298
CEDAR KEY FL 32625-0298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7208103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHBURG, BERTIE M.
THIRD STREET
CEDAR KEY, FL 32625

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.

SIG:

(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	P	<input type="checkbox"/> Delete
NAME	RICHBURG, BERTIE M	
STREET ADDRESS	BOX 392, LIVE OAK ST.	
CITY-ST-ZIP	CEDAR KEY, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHANNESSEN, HELEN	
STREET ADDRESS	BOX 2, 3RD STREET	
CITY-ST-ZIP	CEDAR KEY, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCAIN, THELMA	
STREET ADDRESS	P.O. BOX 4, BAY ST.	
CITY-ST-ZIP	CEDAR KEY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, PHYLLIS	
STREET ADDRESS	13405 SE 171 LN	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHBURG, LEE	
STREET ADDRESS	BOX 2, 3RD ST.	
CITY-ST-ZIP	CEDAR KEY FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGUM, GARY	
STREET ADDRESS	2 DELL CIRCLE	
CITY-ST-ZIP	TRAVELERS REST SC 29690	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

Thelma McCain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00 352-543 5436

CR2E037 (9/99)