	1 UNIFORM BUS	INESS REPU	KI (UBK)				
BOCUMENT # 737144					FILED		
FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED				İ	4		
	Train we desired the same of t	Then, meen contract		C	01 OCT 31 PAH 9: 4	+9	
Principal Place of Business Mailing Address					SECRETARY OF STAT	TE	
1427 KARNSD SUITE 1	DEN ROAD HARNDEN	1427 Karnsden road i ^{ll} Suite 1	_	AQ	SECRETARY OF STAT TALLAHASSEE, FLORI	IDA	
	GE FL 92020 32129	PORT ORANGE FL 32828 3	32129	AXX.			
			18.0	/^~ '			
2. Principal P	Place of Business HARNDEN R.	3. Mailing Address 1427 HARNI	DEN RD,		4 AND	1818 (1818 1818 1840 (181).	Ĺ
Suite, Apt.	7 1	Suite, Apt. #, etc.	<i>U</i> C14	REINS		2001	
City & State	ORANGE, FL	City & State PORT ORAN	1.65	4. FEI Number	51-0182663	Applied For Not Applicab	_
Zip	Country	Zip	Country	5. Certificate of St		3.75 Additional	$\tilde{\exists}$
3212	6. Name and Address of Current	32(29 Registered Agent		<u> </u>		e Required	4
	U. Name and Address S.	Hegistereu Agent	Name	/. Ivanio and new	ress of New Hegisteres Age.	nt	\dashv
MILES, PA	ATRICIA		Street Addre	ess (P.O. Box Number is I	Not Acceptable)		\dashv
1427 KAR	RNSBEN ROAD HARNDE	a					\dashv
SUITE 1			City			7 0-4-	4
PORT UN	ANGE FL 32828 32129		City		FL	Zip Code	
8. The above	e named entity submits this statement for	or the purpose of changing its re	egistered office or reg	istered agent, or both, in	the state of Florida.		_
	1-1-1 Y	niles			- M.A.D		
SIGNATURE .	Jahrera 1'				10 UCLOU	<u>rel 200</u>	1
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signature rec	julred when reinstating)	DATE		4
F	FILE NOW: FEE IS \$61.25	9. Election Camp	malan Financing	ቀፍ ባበ Mari Re	Make Check P	···-bla to	-
	ember 12, 2001, min. will be \$2	- 'a'		\$5.00 May Be Added to Fees	Make Check Pa Department of		
10.	OFFICERS AND DIR		11.	*DOITIONS/CHANG	RES TO OFFICERS AND DIRECT		4
TITLE	PD	Delete	TITLE .	AUDITIONS/OFICIAL		Change Addition	on :
NAME	WEINSTOCK, SUSAN		NAME	30	10004694 <u>9</u>	9837	- 1 E
STREET ADDRESS CITY-ST-ZIP	PO BOX 501 SORRENTO FL 32778		STREET ADDRESS CITY-ST-ZIP		-11/27/01010	046006	;
TITLE	PDE	☐ Delete	CITY-ST-ZIP TITLE		****236 <u>25</u> *	<u> </u>	ion
NAME	WILLIAMS, NAN	L UGROLO	NAME		_	, Change	In (
STREET ADDRESS	385 GROUSE COURT		STREET ADDRESS				1
CITY-ST-ZIP,	WINTER PARK FL 37789	□ Palata	CITY-ST-ZIP	<u></u>	<u> </u>	- Additio	-
TITLE NAME	MILES, PATRICIA	☐ Delete	TITLE NAME		L	Change Additio	I nc
STREET ADDRESS	1427 HARNDEN RD		STREET ADDRESS				-
CITY-ST-ZIP	PORT ORANGE FL 21119		CITY-ST-ZIP				_
ITLE	SD JESUP, CINDY	☐ Delete	TITLE NAME		Ц	Change Additio	on
NAME			STREET ADDRESS	-			
STREET ADDRESS	721 PRISSOL LANE		1 .				
	PORT ORANGE FL 32127		CITY-ST-ZIP				on }
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ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP 2. I hereby coindicated of the corp.	port orange FL 32127 Descritify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporor on an attachment with an address, we	Delete this filing does not qualify for the true and accurate and that my wered to execute this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in y signature shall have to sequired by Chapter	617, Florida Statutes; and	orida Statutes. I further certify the firm of the control of the c	Change Addition Addit	on r