

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737144

1. Entity Name

FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business

1427 KARNSDEN ROAD HARNDEN  
SUITE 1  
PORT ORANGE FL 32020 32129  
US

Mailing Address

1427 KARNSDEN ROAD HARNDEN  
SUITE 1  
PORT ORANGE FL 32020 32129  
US

2. Principal Place of Business

1427 HARNDEN RD.

Suite, Apt. #, etc.

City & State  
PORT ORANGE, FL

Zip  
32129

Country

3. Mailing Address

1427 HARNDEN RD.

Suite, Apt. #, etc.

City & State  
PORT ORANGE

Zip  
32129

Country

REINSTATEMENT 2001

4. FEI Number 51-0182663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILES, PATRICIA  
1427 KARNSDEN ROAD HARNDEN  
SUITE 1  
PORT ORANGE FL 32020 32129

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

Patricia Miles

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10 October 2001

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

TITLE PD  
NAME WEINSTOCK, SUSAN  
STREET ADDRESS PO BOX 501  
CITY-ST-ZIP SORRENTO FL 32778 ☐ Delete

TITLE PDE  
NAME WILLIAMS, NAN  
STREET ADDRESS 385 GROUSE COURT  
CITY-ST-ZIP WINTER PARK FL 37789 ☐ Delete

TITLE TD  
NAME MILES, PATRICIA  
STREET ADDRESS 1427 HARNDEN RD  
CITY-ST-ZIP PORT ORANGE FL 21119 ☐ Delete

TITLE SD  
NAME JESUP, CINDY  
STREET ADDRESS 721 PRISSOL LANE  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 300004694983--7  
STREET ADDRESS -11/27/01--01046--006  
CITY-ST-ZIP \*\*\*\*236.25 \*\*\*\*236.25

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia Miles

10 October 2001 386.756.6326

0016800

CR2E037 (5/01)