

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90056 005 \*\*\*\*61.25

00047848



DO NOT WRITE IN THIS SPACE

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 744961</b>  |         |   |         |
| 1. Entity Name<br><b>CENTER FOR THE ARTS, INC.</b>                                      |         |   |         |
| Principal Place of Business<br><b>3001 RIVERSIDE PARK DRIVE<br/>VERO BEACH FL 32963</b> |         | Mailing Address<br><b>3001 RIVERSIDE PARK DRIVE<br/>VERO BEACH FL 32963</b> |         |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                               |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                               |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

|   |   |
|---|---|
| 4. FEI Number<br><b>59-1867408</b>  | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>EVANS, RALPH L.<br/>3355 OCEAN DRIVE<br/>VERO BEACH FL 32963</b> |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|--|--|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>HAMNER, TONI<br/>995 SANDFLY LANE<br/>VERO BEACH FL 32963</b>          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>NICHOLS, CARL W<br/>241 ISLAND CREEK DRIVE<br/>VERO BEACH FL 32963</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STARK, RICHARD A.<br/>340 PALMETTO POINT<br/>VERO BEACH FL 32963</b>    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Robert R. Harris<br/>4070 N. A1A, Suite 250<br/>VERO BEACH, FL 32963</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>RUPPOT, CARL W<br/>826 PEMBROKE COURT<br/>VERO BEACH FL 32963</b>      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD<br/>Richard Caldwell<br/>620 Indian Harbor<br/>Vero Beach, FL 32963</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>MOORE, JOHN K.<br/>755 BEACHLAND BLVD<br/>VERO BEACH FL 32963</b>       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>TITELMAN, JAMES W<br/>145 ANCHOR DR<br/>VERO BEACH FL 32963</b>         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** John Z. Lofgren (561) 231-0707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)