## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 764679**

1. Entity Name

AID FOR THE ARTS, INC.

Principal			Place o	of Business			
					. '		
Р	0	BOX	360303				

Mailing Address

P O BOX 360303

AELBOURNE FL 32936-7303	MELBOURNE FL 32936-0303		
. Principal Place of Business	3. Mailing Address	<del></del>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
•	I		

**FILED** Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90142 016 \*\*\*\*61.25

A0008435



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2264660	Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required			
6.	Name and Address of Curr	ent Registered Agent		7. Name and Address of New Reg	7. Name and Address of New Registered Agent			
- —	<del> </del>	-	Name	-	<b>-</b>			
DETTMER, DALE A 780 S. APOLLO BLVD. MELBOURNE FL 32901			Street Addre	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.

NUTTUE REPORTS

180 00 44 0 BEST SIGNATURE

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

(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

· LE 10 401,20								
10.	0. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				١.
TITLE	PD OUTTON OUADON	<b>⊠</b> Delete	TITLE	P/D Lori Neitzke	<u>.</u>	☐ Change	🔀 Addition	00/0/
NAME	SUTTON, SHARON		NAME STREET ADDRESS	3165 Hilliard	Court			
STREET ADDRESS	775 GLENQARRY DRIVE		CITY-ST-ZIP	Melbourne, Fi	3293H			76000
CITY-ST-ZIP	MELBOURNE FL 32940	**			7 20 12 1			۱۵
TITLE	VD ·	🔀 Delete	TITLE	VO a		Change	🔀 Addition	١
NAME	CARUSO, JOAN		NAME	Pat Bonn	Tiland Noise			ĺ
STREET ADDRESS	1085 CAROL COURT		STREET ADDRESS	1212 randing	Island Drive			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP	Fridian Harbour	Beach, FL 32937			
TITLE	VD	Delete	TITLE	T	,	Change	🔀 Addition	
NAME	JONES-FRANCEY, DARCIA		NAME	Shirley Lan	ri n River Drive			
STREET ADDRESS	1180 RIVERMONT DR.		STREET ADDRESS	1939 N. Indian	y River prive			
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	Cocoa, FL	32932			
TITLE	S	<b>⊠</b> Delete	TITLE	[S		Change	🔀 Addition	
NAME	MORENO, RITA		NAME	Sheila Gurr 1642 5.Bana	Duna Mr			
STREET ADDRESS	633 CEDARSIDE WAY		STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	Merritt Islav	W,FL 32952		_	
TITLE	τ	☐ Delete	TITLE	y/p		Change	☐ Addition	
NAME	WILLIAMS, POLLY		NAME	•				(
STREET ADDRESS	118 WOODSIDE DRIVE		STREET ADDRESS	İ				1
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	<u> </u>				
TITLE	AT	<b>⊠</b> Delete	TITLE	5		☐ Change	Addition	
NAME	SLACK, SHIRLEY		NAME	Priscilla Coo	nec .			
STREET ADDRESS	745 BEACH STREET		STREET ADDRESS	Priscilla Coo 410 Mosswoo	la Blud.			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	Indialantic	FL 32903			i

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 affachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #