

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Florida Cultural Action Alliance Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5600 North Flagler Drive

Suite, Apt. #, etc.

Unit 1410

City & State

West Palm Beach

Zip

33407

Country

US

3. Mailing Address

Post Office Box 2131

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33402-2131

Country

US

6. Name and Address of Current Registered Agent

Sherron Long

5600 North Flagler Drive

Unit 1410

West Palm Beach, Florida 33407

4. FEI Number

59-2335448

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	President	<input type="checkbox"/> Delete
NAME	Tippen Davidson	
STREET ADDRESS	901 6th Street	
CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Mary Becht	
STREET ADDRESS	100 S. Andrews Ave., 6th Floor	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Norree Boyd	
STREET ADDRESS	1555 Palm Beach Lakes Blvd. #1414	
CITY-ST-ZIP	West Palm Beach, FL 33401	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Norree Boyd

Norree Boyd

4/21/00

561-848-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90004 049 ****61.25

00064204

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)