

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90985 014 ****61.25

DOCUMENT # 766598

1. Entity Name

FLORIDA CULTURAL ACTION ALLIANCE, INC.

Principal Place of Business

Mailing Address

5600 NORTH FLAGLER DRIVE
 UNIT 1410
 WEST PALM BEACH FL 33407
 US

PO BOX 2131
 W. PALM BCH FL 33402
 US

2. Principal Place of Business

5600 N. FLAGLER DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1410

West Palm Beach FL

City & State

4. FEI Number

59-2335448

Applied For

Not Applicable

Zip
33407

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, SHERRON
5600 PONCE DE LEON AVE N. FLAGLER DR.
#1410
W. PALM BCH FL 33407

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KEN ROLLINS
222 PONCE DE LEON BLVD
BELLEAIR FL ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
STEINBERG, MARK
1401 NW 22ND ST.
MIAMI FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
DAVIDSON, TIPPEN
901 6TH STREET
DAYTONA BEACH FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
BECHT, MARY
100 S. AMCHEUS AVE., 6TH FLOOR
FT LAUDERDALE FL 33351 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
SPRING, MICHAEL
111 N.W. 1ST STREET, SUITE 625
MIAMI FL 33128 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
BOYD, NOREE
1555 PALM BEACH LAKES BLVD. #1414
WEST PALM BEACH FL 33401 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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: **SHERRON LONG** **4-26-01** **561-848-6231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)