

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 046 ****61.25

DOCUMENT # 766598

1. Entity Name

Florida Cultural Action Alliance

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 N Flagler

Suite, Apt. #, etc.

1410

3. Mailing Address

PO Box 2131

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

Zip

33407

Country

USA

City & State

West Palm Beach, FL

Zip

33402

Country

USA

4. FEI Number

59-2335448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Tupper Dandow
Daytona Beach News Journal
P.O. Box 2831
Daytona Beach, FL 32120

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Mary A. Becht
Broward County Cultural Affairs Div.
100 S. Andrews Ave. 6th Floor
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Michael Spring
Miami-Dade County Dept. of
Cultural Affairs

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

111 Northwest 1st St. Suite 625
Miami, FL 33128

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

4-2502 561-878-623,