

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768117

1. Entity Name

BEACHES ARTS CENTER, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90033 036 ****61.25

Principal Place of Business

Mailing Address

BEACHES ARTS CENTER
1301-A PENMAN RD.
JACKSONVILLE FL 32250
US

BEACHES ARTS CENTER
1301-A PENMAN RD.
JACKSONVILLE FL 32250-3685
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2302351

Applied For

Not Applicable

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

BULSON, CAROL
1355 LINKSIDE DR
ATLANTIC BCH FL 32233

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 DP ☐ Delete
NAME BULSON, CAROL
STREET ADDRESS 1355 LINKSIDE DR
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE DP ☐ Change ☒ Addition
NAME CATHERINE L. CALLAHAN
STREET ADDRESS 18 N. SAN PABLO CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DVP ☒ Delete
NAME WAGNON, MARJIE
STREET ADDRESS 13799 HEATHERFORD DR
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE DVP ☒ Change ☐ Addition
NAME SYLVIA MOORE
STREET ADDRESS 600 PONTE VEDRA BLVD #104
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE DVP ☒ Delete
NAME CALLAHAN, CATHERINE
STREET ADDRESS 18 N SAN PABLO CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE DVP ☒ Change ☐ Addition
NAME VIRGINIA FORD
STREET ADDRESS 346 2ND ST.
CITY-ST-ZIP ATLANTIC BEACH, FL 32133

TITLE DVP ☒ Delete
NAME KELSEY, SLEETIA
STREET ADDRESS 12354 CONDOR DR
CITY-ST-ZIP JACKSONVILLE BEACH FL 32223

TITLE DS ☒ Change ☐ Addition
NAME ARLENE COX
STREET ADDRESS 10 TENTH ST #B11
CITY-ST-ZIP ATLANTIC BEACH, FL 32133

TITLE DS ☒ Delete
NAME THORNWELL, LINDA
STREET ADDRESS 4210 CENTENNIAL POST RD
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE DT ☐ Delete
NAME KITSIS, ED
STREET ADDRESS 3925 PETITE DR. W.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ 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: *Carol M. Bulson* REQUIRER *Carol M. Bulson* 3/16/00 904-241-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/93)