

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 768117****1. Entity Name**  
**BEACHES ARTS CENTER, INC.****Principal Place of Business**  
BEACHES ARTS CENTER  
1301-A PENMAN RD.  
JACKSONVILLE  
32250  
US  
**Mailing Address**  
BEACHES ARTS CENTER  
1301-A PENMAN RD.  
JACKSONVILLE  
32250  
US**2. Principal Place of Business**  
**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

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**BULSON CAROL  
1355 LINKSIDE DR  
  
ATLANTIC BCH FL  
32233**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 CAROL BULSON****04/14/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	DT	<input type="checkbox"/> Delete
NAME	KITSIS ED	
STREET ADDRESS	3925 PETITE DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	THORNWELL LINDA	
STREET ADDRESS	4210 CENTENNIAL POST RD	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KELSEY SLEETIA	
STREET ADDRESS	12354 CONDOR DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32223	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CALLAHAN CATHERINE	
STREET ADDRESS	18 N SAN PABLO CIRCLE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WAGNON MARJIE	
STREET ADDRESS	13799 HEATHERFORD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BULSON CAROL	
STREET ADDRESS	1355 LINKSIDE DR	
CITY-ST-ZIP	ATLANTIC BEACH FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARIFA GEORGE	
STREET ADDRESS	4516 RONDEAU DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAMBERG RUTH	
STREET ADDRESS	10 - TENTH ST. - UNIT 49	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAILLACE ANN	
STREET ADDRESS	13810 SUTTON PK. DR. N. - APT. 1327	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN CATHERINE	
STREET ADDRESS	18 N SAN PABLO CIRCLE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDER DIAN	
STREET ADDRESS	13337 MT. PLEASANT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE SYLVIA	
STREET ADDRESS	600 PONTE VEDRA BLVD. #104	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GEORGE TARIFA**

DT 04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)