

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002919

1. Entity Name

LOVEWELL INSTITUTE FOR THE CREATIVE ARTS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90268 025 ****61.25

Principal Place of Business

C/O MR. DAVID SPANGLER
 1600 NE 18TH AVE.
 FT. LAUDERDALE FL 33305

Mailing Address

C/O MR. DAVID SPANGLER
 1600 NE 18TH AVE.
 FT. LAUDERDALE FL 33305-3446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

48-1066435

Applied For

Not Applicable

Zip

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

HKES&F REGISTERED AGENT CORP.
 2601 S. BAYSHORE DR., #600
 MIAMI FL 33133

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
 DPC
 SPANGLER, DAVID
 1600 NE 18TH AVENUE
 FT LAUDERDALE FL 33305 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 DST
 MATHIS, HARRIET B
 2901 NE 21ST TERRACE
 FT. LAUDERDALE FL 33306 ☐ Delete

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

TITLE
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 STREET ADDRESS
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 D
 SIGARS, L. JANA
 C/O HKES&F 2601 S. BAYSHORE DR SUITE 600
 MIAMI FL 33133 ☐ Delete

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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:

Harriet B. Mathis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

954-363-5113
 954-363-3685
 Daytime Phone #

CR2E037 (9/99)