

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503268900483
9/23/2003-90023-030-\$50.00-\$50.00

0000/23

DOCUMENT # L02000004583

1. Entity Name

PERFORMING ARTS CENTERS FOR KEY WEST, L.C.



FILED

2003 OCT -8 PM 1:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

302 SOUTHARD STREET
SUITE 104
KEY WEST FL 33040

Mailing Address

302 SOUTHARD STREET
SUITE 104
KEY WEST FL 33040

2. Principal Place of Business

Tennessee Williams Theatre

3. Mailing Address

5901 College Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

4. FEI Number

03-0431732

Applied For

Not Applicable

Zip

Country

Zip

33040

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE. 28TH FLOOR
MIAMI FL 33040

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Executive Director ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MLR Executive Director ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

Rebecca Tomlinson
1045 Loggerhead Lane
Sugarloaf Key, FL 33042

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/18/03

305-296-1520

Date

Daytime Phone #

CR2E083 (4/03)