

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004294

1. Entity Name

MULTI EDUCATIONAL CULTURAL CENTER OF THE ARTS, I

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90004 042 ****61.25

0002357

Principal Place of Business

Mailing Address

1610 N. HAYNES ST.
PENSACOLA FL 32503

1610 N. HAYNES ST.
PENSACOLA FL 32503

80062958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3658065

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

SABREE, RACHEL M
1610 N. HAYNES ST.
PENSACOLA FL 32503

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
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete
NAME SABREE, RACHEL M
STREET ADDRESS 1610 N. HAYNES ST.
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME LAWRENCE, GARRY J
STREET ADDRESS 114 N. DEVILLIER ST.
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE D ☐ Delete
NAME ROPER, ANNIE M
STREET ADDRESS 1404 N. HAYNES ST.
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME WILLIAMS, JIMMIE
STREET ADDRESS S. HAYNES ST.
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME JONES, DIANE
STREET ADDRESS 204 EMERALD AVE.
CITY-ST-ZIP PENSACOLA FL 32505

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

TITLE D ☐ Delete
NAME MUHAMMAD, BILAL
STREET ADDRESS 901 MASSACHUSETTS AVE., LOT 26
CITY-ST-ZIP PENSACOLA FL 32505

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

SABREE, RACHEL M

8-27-01 (850)
444-9420

CR2E037 (5/01)