

2001 UNIFORM BUSINESS REPORT (UBR)2/8/
* 2.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

02-08-2001 90448 001 *****8.75

02-08-2001 90448 002 *****61.25

DOCUMENT # N00000004973

1. Entity Name

CATHERINE COLE TAYLOR CENTER FOR THE ARTS, INC.

Principal Place of Business

**55 NATURE WAY
SANTA ROSA BEACH FL 32459**

Mailing Address

**55 NATURE WAY
SANTA ROSA BEACH FL 32459**

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

☒ Applied For
☐ Not Applicable5. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**STANKO, JOE
55 NATURE WAY
SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **BLEWEISS, PHYLLIS**
STREET ADDRESS **SEASIDE INSTITUTE, P.O. BOX 4730**
CITY-ST-ZIP **SEASIDE FL 32459**TITLE **D** ☐ Delete
NAME **DAMROTH, MARY**
STREET ADDRESS **2078 OLDE TOWNE AVE**
CITY-ST-ZIP **DESTIN FL 32541**TITLE **D** ☐ Delete
NAME **INGRAM, JAKE**
STREET ADDRESS **2489 S COUNTY HWY 395**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**TITLE **D** ☐ Delete
NAME **TAYLOR, KITTY**
STREET ADDRESS **12 MAGNOLIA ST**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**TITLE **D** ☐ Delete
NAME **STEVENSON, MEG**
STREET ADDRESS **307 DEFUNIAK ST**
CITY-ST-ZIP **GRAYTON BEACH FL 32459**TITLE **D** ☐ Delete
NAME **STANKO, JOE**
STREET ADDRESS **55 NATURE WAY**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

STANKO, JOE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/02/01 850-231-0288

CP2E037 (10/00)