

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90354 013 \*\*\*\*61.25

**DOCUMENT # N00000005804**

1. Entity Name

Stuart Center For the Arts, Inc

Principal Place of Business

Mailing Address

333 Tressler Dr.  
 Stuart FL 34994

333 Tressler Dr.  
 Stuart FL 34994

**A0070738**

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 Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Harvey Cupaiuoli  
 333 Tressler Drive  
 Stuart FL 34994

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 **PD** ☐ Delete  
 NAME **Harvey R. Cupaiuoli**  
 STREET ADDRESS **333 Tressler Dr.**  
 CITY-STATE-ZIP **Stuart FL 34994**

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

TITLE **VP** ☐ Delete  
 NAME **Beatrice Rosellini**  
 STREET ADDRESS **2128 Olympic Club Dr.**  
 CITY-STATE-ZIP **Palm City FL 34990**

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

TITLE **STD** ☐ Delete  
 NAME **Alicia Chodera**  
 STREET ADDRESS **333 Tressler Dr.**  
 CITY-STATE-ZIP **Stuart FL 34994**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 561-225 9727

CR20037 (11/00)