

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007119**

1. Entity Name

**THE ARTS AT ST. JOHNS, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90180 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4760 PINE TREE DR.  
MIAMI BCH FL 331404760 PINE TREE DR.  
MIAMI BCH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1051143

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

DAVIS, STEVE  
4760 PINE TREE DR.  
MIAMI BEACH FL 33140

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 D ☐ Delete  
NAME SCHWAB, PAUL  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BCH FL 33140TITLE T/D ☒ Change ☐ Addition  
NAME SCHWAB, PAUL  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BEACH, FL 33140TITLE D ☒ Delete  
NAME THAYER, MARC  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BCH FL 33140TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME HOLCOMB, ROBERT  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BCH FL 33140TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME PENA, CHRIS  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BCH FL 33140TITLE S/D ☒ Change ☐ Addition  
NAME PENA, CHRIS  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BEACH, FL 33140TITLE PDST ☒ Delete  
NAME HOFFMAN-GUZMAN, CAROL  
STREET ADDRESS 4760 PINE TREE DR.  
CITY-ST-ZIP MIAMI BCH FL 33140TITLE P/D ☐ Change ☒ Addition  
NAME ROBINSON, ESTHER  
STREET ADDRESS 305 NW 43 AVE  
CITY-ST-ZIP MIAMI, FL 33134TITLE ☐ Delete  
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 19.07(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: CAROL HOFFMAN-GUZMAN  
JAN 31, 02 305-532-1847

CR2E037 (9/01)