

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90096 010 \*\*\*\*61.25

**DOCUMENT # N01996**

1. Entity Name

**CULTURAL ARTS CENTER, INC.**

Principal Place of Business

**600 NORTH WOODLAND BLVD.  
DELAND FL 32720**

Mailing Address

**600 NORTH WOODLAND BLVD.  
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2551097**

Applied For

Not Applicable

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****LEE, MARGARET  
428 N WOODLAND BLVD  
DELAND FL 32720**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>D</b>		<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LEE, MARGARET</b>	<b>428 N WOODLAND BLVD</b>	<b>DELAND FL 32720</b>						
	<b>D</b>		<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DASCHER, NANCY</b>	<b>3350 BLACKWILLOW TRAIL</b>	<b>DELAND FL 32724</b>						
	<b>D</b>		<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>RINTZ, PAMELA</b>	<b>39 LYON DRIVE</b>	<b>DELAND FL 32724</b>						
			<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete						<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

2-13-01 (904) 734-4371

CR2E037 (10/00)