

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01996

1. Entity Name

CULTURAL ARTS CENTER, INC.

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90132 023 \*\*\*\*61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

LEE, MARGARET  
 428 N WOODLAND BLVD  
 DELAND FL 32720

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
 NAME **LEE, MARGARET**  
 STREET ADDRESS **428 N WOODLAND BLVD**  
 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Delete  
 NAME **DASCHER, NANCY**  
 STREET ADDRESS **3350 BLACKWILLOW TRAIL**  
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ Delete  
 NAME **RINTZ, PAMELA**  
 STREET ADDRESS **39 LYON DRIVE**  
 CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Margaret Lee*  
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

*2-28-02 386-736-7232*  
 Date Daytime Phone #

CR2E037 (9/01)