

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91764 047 \*\*\*\*61.25

**DOCUMENT # N02000004680**

1. Entity Name  
**COMMITTEE FOR ART IN THE PARK, INC.**



Principal Place of Business  
**1120 WHITE STREET  
C/O LUCKY STREET GALLERY  
KEY WEST FL 33040**

Mailing Address  
**1120 WHITE STREET  
C/O LUCKY STREET GALLERY  
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

**PO Box 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Key West, FL**

4. FEI Number

**56-2284638**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33041**

**USA**

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

**HENDRICK, JAMES T  
317 WHITEHEAD ST.  
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RACCHI, JAMES N</b> <b>FT. ZACHARY TAYLOR STATE PARK</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VASEK, VERA A</b> <b>901 FLAGLER AVE.</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROMM, HAL</b> <b>727 POORHOUSE LANE</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRANE, ROBERT</b> <b>1507 GRINNELL ST.</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOLOTOW, DIANNE</b> <b>708 WILLIAMS STREET</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GADDIS, JUDITH</b> <b>1225 OLIVIA ST.</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D</b> <b>VASEK, VERA A</b> <b>901 Flagler Avenue</b> <b>Key West, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>BROMM, HAL</b> <b>727 Poorhouse Lane</b> <b>Key West, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>ZOLOTOW, DIANNE</b> <b>708 Williams Street</b> <b>Key West, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED Vera Vasek 4-29-03 305-294-6743**

CR2E037 (10/02)