

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07799

1. Entity Name

SOCIETY FOR ENTERTAINMENT AND ARTS DEVELOPMENT,

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90010 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 3829  
PORT CHARLOTTE FL 33949

P O BOX 3829  
PORT CHARLOTTE FL 33949-3829

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

59-2530729

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	Treasurer		
	PRICE, DAVID E	3123 DAVID ST	PUNTA GORDA FL
<input checked="" type="checkbox"/> Delete	PATRICK, DIANE	33401 WASHINGTON LOOP DR	PUNTA GORDA FL 33982
<input checked="" type="checkbox"/> Delete	VPD		
	KIPP, ANN	21177 CHATBURN AVENUE	PORT CHARLOTTE FL
<input checked="" type="checkbox"/> Delete	D		
	DORIA, EMPE	23059 PERU AVENUE	PORT CHARLOTTE FL
<input checked="" type="checkbox"/> Delete	D		
	GREENE, PEGGY L	1471 APPIAN DR	PUNTA GORDA FL 33950
<input checked="" type="checkbox"/> Delete	D		
	STACKER, MYRTLE	21494 OLEAN	PT CHARLOTTE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer			
	David E. Price	3123 David St	Punta Gorda, FL	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Administrative Assistant			
	Patrick Diane	3225 Crestwood	Port Charlotte, FL	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President			
	Ann Kipp	21177 Chatburn	Pt. Charlotte, FL	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/00

CR2E037 (9/99)