

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90067 001 \*\*\*\*61.25

DOCUMENT # N07799 ✓  
1. Entity Name  
**Society for Entertainment & Arts Development**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**18200 Paulson Drive**  
Suite, Apt. #, etc.  
**Unit 4-A**  
City & State  
**Port Charlotte, FL**  
Zip  
**33954** Country  
**USA**

3. Mailing Address  
**PO Box 495967**  
Suite, Apt. #, etc.  
City & State  
**Port Charlotte, FL**  
Zip  
**33949-5967** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-2530729** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
**Kristy F. Shadle**  
Street Address (P.O. Box Number, if Acceptable)  
**18200 Paulson Drive, Unit 4A**  
**PO Box 495967 - Port Charlotte, FL 33949-5967**  
City **Port Charlotte** **FL** Zip Code  
**33954**

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IN THIS SPACE**

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 Kristy F. Shadle, President 4/26/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	<b>President D</b> <b>Kristy F. Shadle</b> <b>715 Bal Harbor Blvd.</b> <b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President D</b> <b>Burt Adams</b> <b>166 Dartmouth Drive</b> <b>Port Charlotte, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer D</b> <b>Sharon Poore</b> <b>3079 St. James Street</b> <b>Port Charlotte, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Diane T. Patrick</b> <b>3225 Crestwood Dr.</b> <b>Port Charlotte, FL 33952</b>
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*03/2/8*

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 on an attachment with an address, with all other like empowered.

*Kristy F. Shadle, President* *4/26/02* *941.139.4248*

CR2E037B (12/01)