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

**FILED**
**Jan 09, 2003 8:00 am**
**Secretary of State**
01-09-2003 90053 002 ****70.00

DOCUMENT # N08464

1. Entity Name
MELBOURNE ART FESTIVAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 611<br>MELBOURNE FL 32902 | PO BOX 611<br>MELBOURNE FL 32902 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-2525180 ☐ Applied For ☐ Not Applicable

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

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

WEISTEIN, RHODA
625 E NEW HAVEN AVE
MELBOURNE FL 32901

**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. 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 | PD<br>DUFF, JAN W<br>311 FOURTH AVENUE<br>MELBOURNE BEACH FL 32951 | ☑ Delete | PD<br>EMLY, LORI<br>606 HIBISCUS TRAIL<br>MELBOURNE BEACH, FL 32951 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SUITER, TINA E<br>3705 PONDEROSA RD<br>VALKARIA FL 32950 | ☑ Delete | VP D<br>ALEXANDER, TERESE<br>436 PORT ROYAL BLVD<br>SATELLITE BEACH, FL 32937 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HEATH, WILLIAM<br>1482 CHARLES BLVD<br>PALM BAY FL 32907 | ☑ Delete | VP D<br>THOMAS, RHONDA<br>612 SUGAR PINE<br>W. MELBOURNE, FL 32904 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WEINSTEIN, RHODA<br>1755 N HIGHWAY A1A<br>INDIALANTIC FL 32903 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HASSOL, ROBERT<br>1755 N HIGHWAY A1A<br>INDIALANTIC FL 32903 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 OF R. HASSOL, TREASURER 1-7-03 321-722-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR