

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15565

1. Entity Name

ARTS ALLIANCE OF NASSAU COUNTY, INC.

Principal Place of Business

P.O. BOX 1105
FERNANDINA BEACH FL 32035
US

Mailing Address

P.O. BOX 1105
FERNANDINA BEACH FL 32035
US

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

59-2695800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, CATHERINE H.
1813 AMELIA AVE.
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name Catherine C. Hart

Street Address (P.O. Box Number is Not Acceptable)

1813 Amelia Avenue

City Fernandina Beach

FL

Zip Code

32034

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

Catherine C. Hart

Catherine C. Hart

4/26/01

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 P
NAME MATTHEWS, CATHERINE H
STREET ADDRESS 1813 AMELIA AVE.
CITY-ST-ZIP FERNADINA BEACH FL 32034 ☐ Delete

TITLE D
NAME MATTHEWS, CATHERINE H
STREET ADDRESS 1813 AMELIA AVE
CITY-ST-ZIP FERNANDINA BEACH FL ☒ Delete

TITLE D
NAME ROBERTS, BEANO
STREET ADDRESS 333 N FLETCHER AVE
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE D
NAME DUNN, DICKIE
STREET ADDRESS 4017 HEATHPOINT LANE
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE D
NAME WAITE, ANNE
STREET ADDRESS 109 CORMORANT CT
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP/D
NAME Catherine C. Hart ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

Catherine C. Hart

Catherine C. Hart 4/26/01 321-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90120 015 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)