2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
02-18-2002 90153 007 ****70.00

DOCUMENT # N22369

1. Entity Name

THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.

Principal Place of Business	Mailing Address
%ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE FL 32202 US	%ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE FL 32202 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2850579 ☐ 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
HART, J. ERIK 128 EAST FORSYTH STREET STE 300 JACKSONVILLE FL 32202	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 _____ 1/18/02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SULZBACHER, WILLIAM M 7400 BAYMEADOWS WAY STE 107 JACKSONVILLE FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman / DP Sulzbacher, William M. 7400 Baymeadows Way Ste 107 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PERRY-KEITH, T 117 HIDDEN COVE LN PONT VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS REED, GEORGIA 200 W FORSYTH ST JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Elizabeth Newton 1301 Riverplace Blvd., Ste. 300 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTIN, ROBERT E 1 RIVERSIDE AVE JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chair / DVP Gertrude Peele 4336 Roth Drive South Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 1-23-02 904-739-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #