2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35934

1. Entity Name

ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY.

FILED Jan 26, 2000 8:00 am Secretary of State

Principal Pace of Business							0	1-26-2000 9000	8 029 ***	**61.25	
Fi. CHARLOTTE FI. 3898-9135 US 2. Principal Pface of Business Sute, Act #, etc. Sute, A	Principal Plac	ce of Business	Mailing Address								
Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. DO NOT WRITE IN THIS SPACE	2811-M TAMIAMI TRAIL PT. CHARLOTTE FL 33952		PT. CHARLOTTE FL 33952-5135			}					n Biðri íðði
City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Fee Vegetable Fee Vegetable Fee Vegetable Fee Vegetable Fee Vegetable Street Address of Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not A	2. Principal F	Place of Business	3. Mailing Address								
Zip Country Zip Country 8. Certificate or Status Desired \$82.75 Additional Fig. Reported \$82.75 Addition	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRIT	TE IN THIS S	SPACE	
6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent			City & State				4. FEI Numb	65-0178163		<u> </u>	
DE VITA, ELLEN 1412 SURFRIRD CT PUNTA GORDA FL 33950 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Signature Acceptable FL Zip Code			Zip Coun		ntry		5. Certificate	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptance)		6. Name and Address of Current I	Registered Agent				7. Name and	Address of New R	egistered A	gent	
Strout Address (P.O. Box Number is Not Acceptable)					Name			•	4 .	_	: ~ -:
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Title	•	Signature, typed or printed name of registered agent a	rhd title if applicable (NOTE	:: Registered	l Agent signatu	ure required w	hen reinstating)		DATE		
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indicated on this report or suppliemental report is true and accurate 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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,