

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36990

1. Entity Name

FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.

Principal Place of Business

P.O. BOX 352003  
PALM COAST FL 32135

Mailing Address

P.O. BOX 352003  
PALM COAST FL 32135

2. Principal Place of Business

Wickline Center

Suite, Apt. #, etc.

800 S. DAYTONA AVE.

City & State

Flagler Beach, FL

Zip

32136

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1834

City & State

Flagler Beach, FL

Zip

32136

Country

U.S.

6. Name and Address of Current Registered Agent

LIVINGSTON, RUTH C  
313 CYPRESS STREET  
FLAGLER BEACH FL 32136

4. FEI Number

59-2954041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARBY, JAMES P.O. BOX 1132, 1839 S. FLAGLER AVENUE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDOLPH, MARY ELLEN 2320 SOUTH CENTRAL AVE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIVINGSTON, RUTH 313 CYPRESS STREET FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BRAXTON, OLMA 163 BIRD OF PARADISE DRIVE PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV JONES, PAT S 72 COVINGTON LANE PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ruth C. Livingston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

986-439-3299

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)