

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N36990**

1. Entity Name

FLAGLER COUNTY COUNCIL FOR THE ARTS, INC.

Principal Place of Business

**WICKLINE CENTER
800 S. DAYTONA AVE
FLAGLER BEACH FL 32136**

Mailing Address

**P.O. BOX 1834
FLAGLER BEACH FL 32136**

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

59-2954041

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVINGSTON, RUTH C
313 CYPRESS STREET
FLAGLER BEACH FL 32136**

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 \$61.259. 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	VD	<input type="checkbox"/> Delete
NAME	DARBY, JAMES	
STREET ADDRESS	P.O. BOX 1132, 1839 S. FLAGLER AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDOLPH, MARY ELLEN	
STREET ADDRESS	2320 SOUTH CENTRAL AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

TITLE	TD	<input type="checkbox"/> Delete
NAME	LIVINGSTON, RUTH	
STREET ADDRESS	313 CYPRESS STREET	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

TITLE	RSD	<input type="checkbox"/> Delete
NAME	BRAXTON, OLIVIA	
STREET ADDRESS	163 BIRD OF PARADISE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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**4/8/02 386-439-3299**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)