

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90042 034 \*\*\*\*61.25

C0020917



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N41277**

1. Entity Name

**SOUTH FLORIDA CENTER FOR THE ARTS, INC.**

Principal Place of Business

Mailing Address

PO BOX 2540  
29 JOLLY ROGER DR.  
KEY LARGO FL 33037P.O. BOX 2540  
KEY LARGO FL 33037-7540  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0230427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JENSEN, ROBERT W. ESQUIRE  
4875 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES FL 33146

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DELETE	<input type="checkbox"/> Delete
NAME	BALLARD, BROWNIE	
STREET ADDRESS	412 3 ST.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	C	<input type="checkbox"/> Delete
NAME	MIDDLETON, BEVERLY	
STREET ADDRESS	233 BUTTONWOOD DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LLOYD, LINDA	
STREET ADDRESS	80100 OLD HWY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	T	<input type="checkbox"/> Delete
NAME	JELSEMA, JACK	
STREET ADDRESS	19 JOLLY ROGER DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	BD	<input type="checkbox"/> Delete
NAME	GORDON, SUSIE	
STREET ADDRESS	1 HARBOR SHORE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	BC	<input type="checkbox"/> Delete
NAME	LOUNSBURY, PAULA	
STREET ADDRESS	1123 GRAND ST	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, BROWNIE	
STREET ADDRESS	29 JOLLY ROGER DR.	
CITY-ST-ZIP	KEY LARGO, FLA. 33037	
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
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2000 305-853-7070

Date

Daytime Phone #

CR2E037 (9/99)