

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90161 048 \*\*\*\*61.25

**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 33037

P.O. BOX 2540  
 KEY LARGO FL 33037-1532  
 US

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

**65-0230427**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, ROBERT W. ESQUIRE**  
**4675 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  
 NAME **D**  
**BALLARD, BROWNIE**  
 STREET ADDRESS **29 JOLLY ROGER DR**  
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **C**  
**MIDDLETON, BEVERLY**  
 STREET ADDRESS **233 BUTTONWOOD DR.**  
 CITY-ST-ZIP **KEY LARGO, FL. 33037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**LLOYD, LINDA**  
 STREET ADDRESS **80100 OLD HWY**  
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**JELSEMA, JACK**  
 STREET ADDRESS **19 JOLLY ROGER DR**  
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **BD**  
**GORDON, SUSIE**  
 STREET ADDRESS **1 HARBOR SHORE**  
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **BC**  
**LOUNSBURY, PAULA**  
 STREET ADDRESS **1123 GRAND ST**  
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE  Change  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 *Brownie Ballard* **BROWNIE BALLARD**

Feb. 5, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)