

DOCUMENT # N46027

1. Entity Name

ARTE Y GENTE/PEOPLE AND ART, INC.**FILED**
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 033 ****61.25

Principal Place of Business

Mailing Address

**227 S CALHOUN STREET
TALLAHASSEE FL 32301****227 S CALHOUN STREET
TALLAHASSEE FL 32301-1805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6972152

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

**AUSLEY, MARGARET B
227 S CALHOUN STREET
TALLAHASSEE FL 32301**

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 **PD**
STREET ADDRESS **NUNEZ, KATHERINE H**
CITY-ST-ZIP **4755 MARSH HAMMOCK DR E
JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **NUNEZ, VICTOR**
CITY-ST-ZIP **227 WESTMINSTER DR
TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **BINGHAM, MARIA S**
CITY-ST-ZIP **1208 ERIE LANE
ELIZABETH TN**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERNST, GISELA**
CITY-ST-ZIP **1120 NW STATE #51
PULLMAN WA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **AUSLEY, MARGARET B.**
CITY-ST-ZIP **227 S CALHOUN STREET
TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WOODIE, DEB**
CITY-ST-ZIP **P.O. BOX 892 N/A
NEWLAND NC**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

850-425-5491

Daytime Phone #

CR2E037 (9/99)