

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46027

1. Entity Name

ARTE Y GENTE/PEOPLE AND ART, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 038 ****61.25

Principal Place of Business

227 S CALHOUN STREET
TALLAHASSEE FL 32301

Mailing Address

227 S CALHOUN STREET
TALLAHASSEE FL 32301

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

59-6972152

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

AUSLEY, MARGARET B
227 S CALHOUN STREET
TALLAHASSEE FL 32301

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 PD
NAME NUNEZ, KATHERINE H
STREET ADDRESS 4755 MARSH HAMMOCK DR E
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME NUNEZ, VICTOR
STREET ADDRESS 227 WESTMINSTER DR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE STD
NAME BINGHAM, MARIA S
STREET ADDRESS 1208 ERIE LANE
CITY-ST-ZIP ELIZABETH TN ☐ Delete

TITLE D
NAME ERNST, GISELA
STREET ADDRESS 1120 NW STATE #51
CITY-ST-ZIP PULLMAN WA ☐ Delete

TITLE D
NAME AUSLEY, MARGARET B.
STREET ADDRESS 227 S CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE D
NAME WOODIE, DEB
STREET ADDRESS P.O. BOX 892 N/A
CITY-ST-ZIP NEWLAND NC ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Margaret B. Ausley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/9/02 850-425-

CR2E037 (9/01)