

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47614

1. Entity Name

FINE ART ON BROADWAY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90092 046 ****61.25

Principal Place of Business

Mailing Address

20 S W BROADWAY
STE B
OCALA FL 34474
US

PO BOX 6023
OCALA FL 34478-6023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34478

Marion

4. FEI Number

59-3111251

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

HUGGINS, BARBARA
10620 S W 27TH AVENUE, SUITE J2
OCALA FL 34476

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

Barbara Huggins

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 VPD
NAME HUGGINS, BARBARA
STREET ADDRESS 10620 S W 27TH AVENUE, SUITE J2
CITY-ST-ZIP Ocala FL 34476 ☐ Delete

TITLE Pres
NAME *Barbara Huggins*
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BT
NAME MORGAN, BOB
STREET ADDRESS 11269 S W 75TH TERRACE
CITY-ST-ZIP Ocala FL 34476 ☐ Delete

TITLE VP
NAME ANITA ANDERSON
STREET ADDRESS P.O. BOX 237
CITY-ST-ZIP Candler, FL 32111 ☐ Change ☐ Addition

TITLE TD
NAME RUIZ, ELSIE
STREET ADDRESS 1314 S E FORT KING STREET
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE SD
NAME GALVAGNI, WAYNE
STREET ADDRESS 2108 N E 39TH AVENUE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE Sec
NAME JANE KLOTZNER
STREET ADDRESS 17758 S.E. 95TH CIRCLE
CITY-ST-ZIP SUMMERFIELD, FL 34491-8464 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Barbara Huggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)