

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90057 035 \*\*\*\*\*61.25

**DOCUMENT # N47990**

1. Entity Name

**CULTURAL ARTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4958  
 SANTA ROSA BCH FL 32459  
 US

P.O. BOX 4958  
 SANTA ROSA BCH FL 32459  
 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

**59-3130514**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**STANKO, J.M.**  
**55 NATURE WAY U200**  
**SANTA ROSA BEACH FL 32459**

**J B Abbit**

**64 Berry St**

**Santa Rosa Beach**

**FL**

**32459**

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

**J B Abbit** **J B Abbit - President**

**1-17-02**

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 **VP**  
 STREET ADDRESS **PARSONNET, SUE**  
 CITY-ST-ZIP **P.O. BOX 4718**  
**SANTA ROSA BEACH FL 32459**

TITLE ☒ Change ☐ Addition  
 NAME **Secretary (S)**  
 STREET ADDRESS **Christine Burroughs**  
 CITY-ST-ZIP **P.O. Box 1465**  
**Santa Rosa Beach, FL 32459**

TITLE ☒ Delete  
 NAME **VP**  
 STREET ADDRESS **BRAUNSTEIN, SID**  
 CITY-ST-ZIP **2 HILLTOP DRIVE**  
**SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☒ Addition  
 NAME **Jake Ingram**  
 STREET ADDRESS **107 E. Bermuda Dr.**  
 CITY-ST-ZIP **Santa Rosa Beach, FL**  
**32459**

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **GOMBS, PAT**  
 CITY-ST-ZIP **38 CORTE PALMA**  
**SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☒ Addition  
 NAME **Dennis Wenrick**  
 STREET ADDRESS **122 Nikki Circle**  
 CITY-ST-ZIP **Santa Rosa Beach FL**  
**32459**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HUNDLEY, PAMELA**  
 CITY-ST-ZIP **187 CAMPCREEK RD S**  
**PANAMA CITY FL 32413**

TITLE ☐ Change ☒ Addition  
 NAME **Joe MUSTACHIO**  
 STREET ADDRESS **112 Lake Point Dr**  
 CITY-ST-ZIP **Santa Rosa Beach, FL**  
**32459**

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **MUSTACHIO, M. ELIZABETH**  
 CITY-ST-ZIP **2688 E HWY 30A**  
**SANTA ROSA BEACH FL**

TITLE ☐ Change ☒ Addition  
 NAME **Brenda Rees**  
 STREET ADDRESS **323 Lakeview Dr**  
 CITY-ST-ZIP **Santa Rosa Beach, FL**  
**32459**

TITLE ☒ Delete  
 NAME **VP**  
 STREET ADDRESS **HARELSON, RANDY**  
 CITY-ST-ZIP **4888 E HWY 30A**  
**SEAGROVE BEACH FL**

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 118.07(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:

**Pamela Hundley**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-1-02 850231-1058**

CR2E037 (9/01)