

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90178 043 \*\*\*\*61.25

**DOCUMENT # N48931**

1. Entity Name

**THE ART GUILD OF PONCE INLET, INC.**

Principal Place of Business

4670 S PENINSULA DR.  
 PONCE INLET FL 32127  
 US

Mailing Address

PO BOX 238414  
 ALLANDALE FL 32123-8414  
 US

00000200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3131891

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, MARY D  
 STORCH, HANSEN & MORRIS P.A.  
 1620 S CLYDE MORRIS BLVD., S-300  
 DAYTONA BCH. FL 32119

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	<input checked="" type="checkbox"/> Delete
NAME	LAND, CAROLYN	
STREET ADDRESS	5961 BROKEN BOW LANE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REINHART, VIVIAN	
STREET ADDRESS	82 MAPLE IN THE WOODS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AMEOIAN, JAN	
STREET ADDRESS	87 CINDY LANE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, JANE A	
STREET ADDRESS	75 CIRCLE DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kushigian Rose	
STREET ADDRESS	119 Rains Ct.	
CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kewe Doris	
STREET ADDRESS	4512 Nettle Creek Ct.	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwina Cloce	
STREET ADDRESS	4567 Alder Dr.	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Finocchiaro	
STREET ADDRESS	105 Ocean Air Terrace South	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 REQUIRED**

*[Signature]* Treasurer, April 26 2000