

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50867

1. Entity Name

FLORIDA ARTS & COMMUNITY ENRICHMENT, INC.


**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90006 002 \*\*\*\*61.25

Principal Place of Business <b>325 W PARK AVENUE TALLAHASSEE FL 32301 US</b>	Mailing Address <b>P O BOX 15134 325 W PARK AVE TALLAHASSEE FL 32317 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3152491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HARPER, ROBERT AUGUSTUS JR 325 W PARK AVENUE TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME VILLACORTA, KATHLEEN STREET ADDRESS 501 E TENNESSEE ST CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Steve Henley STREET ADDRESS 508 Glenview CITY-ST-ZIP Tallahassee, Florida 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WARREN, TOMMY STREET ADDRESS 501 E. TENNESSEE ST. CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Robert Benton STREET ADDRESS 1404 Golf Terrace Drive CITY-ST-ZIP Tallahassee, Florida 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BRADY, M JAYNE STREET ADDRESS 3887 STEWART WAY CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Susan Porciau STREET ADDRESS 4354 Amber Valley Rd. CITY-ST-ZIP Tallahassee, Florida 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME KEPPEL, TRACEY C STREET ADDRESS 402 PRINCE ST CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete	TITLE S NAME Su Ecenia STREET ADDRESS 625 Forest Lair St. CITY-ST-ZIP Tallahassee, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **REQUIRED**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 860-644-5473  
Date Daytime Phone #

0015034

CR2E037 (10/00)