

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90005 038 ****61.25

DOCUMENT # N50867

1. Entity Name

FLORIDA ARTS & COMMUNITY ENRICHMENT, INC.

Principal Place of Business

Mailing Address

**325 W PARK AVENUE
TALLAHASSEE FL 32301
US**

**P O BOX 15134
325 W PARK AVE
TALLAHASSEE FL 32317
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

59-3152491

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

**HARPER, ROBERT AUGUSTUS JR
325 W PARK AVENUE
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VILLACORTA, KATHLEEN**
STREET ADDRESS **501 E TENNESSEE ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ Delete
NAME **WARREN, TOMMY**
STREET ADDRESS **501 E TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ Delete
NAME **BRADY, M JAYNE**
STREET ADDRESS **3887 STEWART WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Delete
NAME **KEPPEL, TRACEY C**
STREET ADDRESS **402 PRINCE ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Stephan Henley*
STREET ADDRESS *508 Glenview Drive*
CITY-ST-ZIP *Tallahassee, FL 32303*

TITLE ☒ Change ☐ Addition
NAME *Robert Burton*
STREET ADDRESS *1404 Golf Terrace*
CITY-ST-ZIP *Tallahassee, FL*

TITLE ☒ Change ☐ Addition
NAME *Susan Vorrean*
STREET ADDRESS *2221 S. Meridian St.*
CITY-ST-ZIP *Tallahassee Florida*

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)