

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005002

1. Entity Name

JACKSONVILLE INTERNATIONAL AIRPORT ARTS COMMISSI

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90390 047 ****70.00

Principal Place of Business

Mailing Address

2400 YAHKEE CLIPPER DR.
 JACKSONVILLE FL 32218

2831 TALLYRAND AVE.
 JACKSONVILLE FL 32206-3417

80038607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2400 Yankee Clipper Dr.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3350022

Applied For

Not Applicable

Zip

Country

32218

USA

Zip

Country

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

KRAUTER, KENNETH R
 2831 TALLEYRAND AVE
 JACKSONVILLE FL 32206

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 ☐ Delete
 NAME D
 STREET ADDRESS KRAUTER, KENNETH R
 CITY-ST-ZIP 2831 TALLEYRAND AVE
 JACKSONVILLE FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DEMPSEY, BRUCE
 CITY-ST-ZIP 7800 BELFORT WAY, SUITE 100
 JACKSONVILLE FL 32256

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ALMAND, SUE
 CITY-ST-ZIP 2133 SEMINOLE RD. UNIT 3
 ATLANTIC BEACH FL 32233

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 21, 2000 (904) 630-3084

CR2E037 (9/99)