

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002047

1. Entity Name

FRIENDS OF PUBLIC ART, INC.

Principal Place of Business

111 NW 1ST ST
SUITE 610
MIAMI FL 33128-1982

Mailing Address

111 NW 1ST ST
SUITE 610
MIAMI FL 33128-1903

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

65-0729897

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

GREENFIELD, PRISCILLA M
3194 VIA ABITARE
COCONUT GROVE FL 33133

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	DS	<input checked="" type="checkbox"/> Delete
NAME	GREENFIELD, PRISCILLA M	
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARX, PAT R	
STREET ADDRESS	1430 SE BAYSHORE DR 505	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GORDON, SANDI-JO	
STREET ADDRESS	19911 NE 10TH TRACE WAY	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FISHER, SUE	
STREET ADDRESS	10700 SW 72ND CT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH GREENFIELD	
STREET ADDRESS	752 NW 7th St. Rd.	
CITY-ST-ZIP	Miami, FL 33136	
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		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE NEARY	
STREET ADDRESS	334 W. 25 ST. #9	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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)(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:

SANDI-JO GORDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90081 042 ****61.25

C0043009



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)