2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002261

1. Entity Name

SOUTH WALTON THREE ARTS ALLIANCE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-02-2000 90133 014 ****61.25

Principal Place of Business	Mailing Address
1401 E. NURSERY RD. SANTA ROSA BEACH FL 32459	PO BOX 2042 SANTA ROSA BEACH FL 32459-2042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
36 MAGNOLIA ST	P.O. BOX 2042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL	City & State: SANTA ROSA BEACH, FL
Zip: 32459 Country: WALTON	Zip: 32459 Country: WALTON

4. FEI Number: 31-1466345 ☐ 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
WHITE, JOHNNIE R 1401 E. NURSERY RD. SANTA ROSA BEACH FL 32459	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHANSMAN, KAREN 80 DRISCOLL DRIVE SANTA ROSA BEACH FL 32459	☒ Delete	PRESIDENT DARLENE SHOLES D 36 MAGNOLIA ST SANTA ROSA BEACH, FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SELLECK, JULIE 186 OLD BEACH RD SANTA ROSA BCH FL 32459	☒ Delete	VICE PRESIDENT MEG STEVENSON D 50 GOSSAMER LANE #10 SEAGREST, FL 32413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RILEY-WHITE, JOHNNIE 1401 E. NURSERY RD SANTA ROSA BCH FL 32459	☒ Delete	SECRETARY JOAN HOWARD D 128 PELICAN BAY DR SANTA ROSA BEACH, FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHODER, MARILYN 114 BAYOU DR FT WALTON BEACH FL 32547	☒ Delete	TREASURER JACK L. WILLIAMS D 89 BAIRD ST SANTA ROSA BEACH, FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BUNNELL, RUSKIN P.O. BOX 2151 SANTA ROSA BEACH FL 32459	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: J.L. Williams RE JACK L. WILLIAMS 4-24-00 (850)2673848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #