

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003481

1. Entity Name

MELBOURNE PERFORMING ARTS GUILD, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90002 040 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2688
MELBOURNE FL 32902

P.O. BOX 2688
MELBOURNE FL 32902-2688

DUU10711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
same

City & State
same

Zip

Country

Zip

Country

4. FEI Number

59-3388614

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

ADCOCK, LEE
837 E NEW HAVEN AVE
MELBOURNE FL 32902

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 DP ☐ Delete
NAME FRITTS, DOLLY
STREET ADDRESS 7755 JOHN ADAMS LN.
CITY-ST-ZIP W. MELBURN FL 32904

TITLE DP ☒ Change ☐ Addition
NAME Farinet, Robin
STREET ADDRESS 1018 Hidden Harbour
CITY-ST-ZIP Melbourne, FL. 32935

TITLE S ☐ Delete
NAME HIGHSMITH, CAROL
STREET ADDRESS 560 LAKE ASHLEY CIR.
CITY-ST-ZIP MELBURN FL 32904

TITLE ☐ Change ☐ Addition
NAME no change
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ADCOCK, LEE
STREET ADDRESS 201 HARBOR CITY PKWY
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☐ Change ☐ Addition
NAME no change
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME VARADY, MARY
STREET ADDRESS 615 TEJON AVE. SW
CITY-ST-ZIP PALM BAY FL 32908

TITLE VPD ☒ Change ☐ Addition
NAME Perry, Sharon
STREET ADDRESS 2500 Forest Run Dr.
CITY-ST-ZIP Melbourne, FL. 32935

TITLE VPD ☐ Delete
NAME NEYLON, BETTY
STREET ADDRESS 716 E. LINCOLN AVE.
CITY-ST-ZIP MELBURN FL 32901

TITLE ☐ Change ☐ Addition
NAME no change
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:

Lee ADCOCK 2-08-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)