

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90074 026 *****61.25

DOCUMENT # N96000003481

1. Entity Name

MELBOURNE PERFORMING ARTS GUILD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2688
 MELBOURNE FL 32902

P.O. BOX 2688
 MELBOURNE FL 32902

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

59-3388614

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

Name

Street Address (P.O. Box Number is Not Acceptable)

201 HARBOR CITY PKWY

D120

City **INDIAN HARBOR BEACH,**

FL

Zip Code

32937

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 **LEE ADCOCK TREASURER**

Lee Adcock

1-21-01

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 **FARINET, ROBIN**
 STREET ADDRESS **1018 HIDDEN HARBOUR**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Sharon Perry**
 STREET ADDRESS **2500 Forest Run Drive**
 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 **S** ☒ Change ☐ Addition
 NAME **Lin Pomeranz**
 STREET ADDRESS **170 Aforia Lane**
 CITY-ST-ZIP **Indiatlantic, FL. 32903**

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

TITLE ☐ Change ☐ Addition
 NAME **VPD**
 STREET ADDRESS **Marian Newman**
 CITY-ST-ZIP **2408 Misty Way Lane**

TITLE **VPD** ☒ Delete
 NAME **PERRY, SHARON**
 STREET ADDRESS **2500 FOREST RUN DR**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Marian Newman**
 STREET ADDRESS **2408 Misty Way Lane**
 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 **VPD** ☒ Change ☐ Addition
 NAME **Carol Miller**
 STREET ADDRESS **1727 Nicholas Drive**
 CITY-ST-ZIP **Melbourne, FL. 32935**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **VPD**
 CITY-ST-ZIP **VPD**

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

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 TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-01

CR2E037 (10/00)