## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # N9600004748 LIVELY ARTS CENTER, INC. 03-05-2001 90077 034 \*\*\*\*61.25 Mailing Address Principal Place of Business 901 6TH STREET 901 6TH STREET DAYTONA BEACH FL DAYTONA BEACH FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3434156 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENDALL, DAVID R 901 SIXTH STREET DAYTONA BEACH FL 32117 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. See Attached List. CR2E037 (10/00 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME DAVIDSON, HERBERT M JR. STREET ADDRESS STREET ADDRESS 901 6TH STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 Change ☐ Addition X Delete TITLE TITLE KANEY, GEORGIA M NAME NAME STREET ADDRESS STREET ADDRESS 901 6TH STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 Change ☐ Addition Delete TITLE TITLE TRUILO, JULIA D NAME NAME STREET ADDRESS STREET ADDRESS 901 6TH STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 ☐ Change ☐ Addition X Delete TITLE TITLE NAME NAME DAVIDSON, MARC L STREET ADDRESS STREET ADDRESS 901 6TH STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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 the impowers that the state of the s

SIGNATIVE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Board Members Lively Arts Center**

AHaehnert 927017 H N900008474.5

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