

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

5/1:

05-13-2002 90149 037 \*\*\*\*70.00

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9700000779				
1. Entity Name <b>Roots Cultural Festival II, Inc.</b>				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 400 West Atlantic Avenue Suite Apt. #, etc. Suite 2A City & State Delray Beach, Florida Zip 33444		3. Mailing Address P.O. Box 2654 Suite Apt. #, etc. Suite 2A City & State Delray Beach, Florida Zip 33444		4. FEI Number 59-2053039
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional fee required
DO NOT WRITE IN THIS SPACE		Name Tommy Stevens Street Address (P.O. Box Number is Not Acceptable) 2920 Dolphin Drive City Delray Beach FL Zip Code 33444		
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 idea if applicable (NOTE: Registered Agent signature require when reinstating) Date _____				
FEES IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Department of State
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrea Bruton 3223 Gun Club Road West Palm Beach, FL 33406 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary Randolph 800 Meadows Rd. Boca Raton, FL 33444 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jounice Hill-Parker 309 SW 15 <sup>th</sup> Terrace Delray Beach, FL 33444 "D"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Tommy Stevens 440 West Atlantic Ave Suite 2A Delray Beach, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee empower to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with all other like empowered				
SIGNATURE: <u>Tommy Stevens</u> Signature and typed or printed Name of Signing Officer or Director		4/25/02 Date		(561) 274-0365 Daytime Phone #

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA7000000779**

1. Entity Name

**Roots Cultural Festival II, Inc.****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**400 West Atlantic Avenue**

3. Mailing Address

**P.O. Box 2654**

Suite, Apt. #, etc.

**Suite 2A**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**Delray Beach, Florida**

City &amp; State

**Delray Beach, Florida**

4. FEI Number

**59-2053039**

Applied For

Not Applicable

Zip

**33444**

Country

**USA**

Zip

**33444**

Country

**USA**

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Tommy Stevens**

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

**2920 Dolphin Drive**

City

**Delray Beach**

FL

Zip Code

**33444****DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

FEE IS \$61.25  
Initial or Amended UBR9. Election Campaign Financing  
Trust Fund Contribution.☐**\$5.00 May Be  
Added to Fees**Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Tommy Stevens 2920 Dolphin Drive Delray Beach, Florida 33444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Mary Randolph 109 NW 11th Avenue Delray Beach, Florida 33444</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Jounice Hill-Parker 509 S.W. 15th Terrace Delray Beach, Florida 33444</b>
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**561-274-0365**

Daytime Phone #

CR2E037B (12/01)

ATTACHMENT

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

91042  
N97000000779/65438

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ROOTS CULTURAL FESTIVAL II, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

TOMMY STEVENS

(NAME)

2920 DOLPHIN DR.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

DELRAY BEACH, FL 33444

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Tommy Stevens*  
(SIGNATURE)

1/22/97  
(DATE)