

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003933

1. Entity Name

FIRST COAST THEATRE ARTS ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90065 024 ****61.25

Principal Place of Business	Mailing Address
8966 MARLEE RD JACKSONVILLE FL 32222	8966 MARLEE RD JACKSONVILLE FL 32222-1618

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3466732	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HINKLE, EVELYN
 8966 MARLEE RD
 JACKSONVILLE FL 32222

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINKLE, EVELYN	
STREET ADDRESS	8966 MARLEE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH,	
STREET ADDRESS	7832 PRAUER DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DIAMOND, KATY	
STREET ADDRESS	4743 DUNDEE CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUDD, FAYE	
STREET ADDRESS	2806 HERSHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32-2053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sorensen, Harriett	
STREET ADDRESS	3855 Eloise	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sorensen, Eric	
STREET ADDRESS	3855 Eloise	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Evelyn Hinkle 4/27/00 (904) 778-3632
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)