

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90043 037 \*\*\*\*61.25

**DOCUMENT # N97000003933**

1. Entity Name

**FIRST COAST THEATRE ARTS ASSOCIATION, INC.**

Principal Place of Business

8966 MARLEE RD  
 JACKSONVILLE FL 32222

Mailing Address

8966 MARLEE RD  
 JACKSONVILLE FL 32222

2. Principal Place of Business

**3855 ELOISE STREET**

Suite, Apt. #, etc.

3. Mailing Address

**3855 ELOISE STREET**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FLORIDA**

City & State

**JACKSONVILLE, FLORIDA**

Zip

**32205**

Country

**DUVAL**

Zip

**32205**

Country

**DUVAL**

4. FEI Number

**59-3466732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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 **SORENSEN, HARRIETT**

Street Address (P.O. Box Number is Not Acceptable)  
**3855 ELOISE STREET**

~~JACKSONVILLE FL 32205~~

City

**JACKSONVILLE**

**FL**

Zip Code  
**32205**

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

TITLE **PD** ☒ Delete  
 NAME **HINKLE, EVELYN**  
 STREET ADDRESS **8966 MARLEE RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **SD** ☐ Delete  
 NAME **RUDD, FAYE**  
 STREET ADDRESS **2806 HERSCHEL ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32-2053**

TITLE **VD** ☐ Delete  
 NAME **SORENSEN, HARRIETT**  
 STREET ADDRESS **3855 ELOISE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **TD** ☐ Delete  
 NAME **SORENSEN, ERIC**  
 STREET ADDRESS **3855 ELOISE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☒ Addition  
 NAME **KRONER, WILLIAM H.**  
 STREET ADDRESS **2063 MYRA STREET**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(904-387-0085)**  
**12-12-01**

CR2E037 (10/00)