

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003943

1. Entity Name

CULTURAL ARTS RESEARCH ENSEMBLE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90031 030 \*\*\*\*69.00

Principal Place of Business

Mailing Address

412 NORTH PINE HILLS ROAD  
ORLANDO FL 32811

7255 HIAWASSEE OAKS DR  
ORLANDO FL 32818-8361  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457738

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

COLEMAN, JIMMY R  
7255 HIAWASSEE OAKS DR  
ORLANDO FL 32811

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

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 DCEO ☐ Delete  
NAME COLEMAN, JIMMY  
STREET ADDRESS 7255 HIAWASSEE OAKS DR  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE VPD ☐ Delete  
NAME BECKFORD, PATRICIA  
STREET ADDRESS 1423 SERRISSAA CT  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE TD ☐ Delete  
NAME COLE, MONET  
STREET ADDRESS 5001 FAIRBROOK PATH  
CITY-ST-ZIP STONE MOUNTAIN GA 30058

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

TITLE SD ☐ Delete  
NAME SANDERS, BONITA  
STREET ADDRESS 4519 LENNOK AVE  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition  
NAME SD SANDERS, BONITA  
STREET ADDRESS 4519 LENNOK AVE  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED

DCEO JIMMY COLEMAN (407) 578-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-20-00

Daytime Phone #

CR2E037 (9/99)