

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003943

1. Entity Name

CULTURAL ARTS RESEARCH ENSEMBLE, INC.

Principal Place of Business

412 NORTH PINE HILLS ROAD
ORLANDO FL 32811

Mailing Address

7255 HIAWASSEE OAKS DR
ORLANDO FL 32818
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

COLEMAN, JIMMY R
7255 HIAWASSEE OAKS DR
ORLANDO FL 32811

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy Coleman 3-29-01
407 572-9972

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90092 031 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)