

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006542

1. Entity Name

STRAWBRIDGE ART LEAGUE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90182 001 ****61.25
 04-19-2000 90182 002 ****8.75

Principal Place of Business

**HENEGAR CENTER
 MELBOURNE FL 32901**

Mailing Address

**PO BOX 2616
 MELBOURNE FL 32902-2616**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

625 E NEW HAVEN AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32901-5468

Country

Zip

Country

4. FEI Number

59-3507199

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZIES, G. PHILIP J
 15 SILVER PALM AVE.
 MELBOURNE FL 32901**

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	DP	<input type="checkbox"/> Delete
NAME	EMERY, JOHN C SR	
STREET ADDRESS	552 S. MAGNOLIA AVE.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STRAWBRIDGE, PHYLLIS	
STREET ADDRESS	647 GREENWOOD MANOR CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SPOHN, CHARLES	
STREET ADDRESS	431 AMHERST CIRCLE E	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Strawbridge	
STREET ADDRESS	647 Greenwood Manor Circle	
CITY-ST-ZIP	W Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	
NAME	John C Emery Sr	
STREET ADDRESS	552 S Magnolia Avenue	
CITY-ST-ZIP	Melbourne, FL 32935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT	
NAME	Max Spector	
STREET ADDRESS	3082 Blackbird Court	
CITY-ST-ZIP	Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV	
NAME	Mary Bullock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1240 Mascot St NE	
CITY-ST-ZIP	Palm Bay, FL 32905	
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: **Max Spector** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 321-952-3070
 Date Daytime Phone #

CR2E037 (9/99)