

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90036 026 ****61.25

DOCUMENT # N97000007034 ✓

1. Entity Name

Florida Institute of Cultural Entertainment Arts Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

2501 Westgate Ave.

Suite, Apt. #, etc.

2501 Westgate Ave.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

45-0800980

Applied For

Not Applicable

Zip

33409

Country

United States

Zip

33409

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
John (J.C.) Collins
629 Executive Center Dr. Ste. J-101
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary & Director
John L. Collins
1441 Stoneway Lane
West Palm Beach, FL 33415

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Carl Erickson
6742 Forest Hill Blvd
West Palm Beach, FL 33413

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Jimmy Bo Horn
1451 40th Street
West Palm Beach, FL 33407

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasury / Director
Arnette Lawrence
1124 Broadway Ste L.
Riviera Beach, FL 33404

TITLE
NAME
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CITY - ST - ZIP

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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 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 #

CR2E037B (12/01)