

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90139 019 \*\*\*\*\*71.00

**DOCUMENT # N97000007034**

1. Entity Name

**FLORIDA INSTITUTE OF CULTURAL AND ENTERTAINMENT  
ARTS, INC.**



Principal Place of Business

**2501 WESTGATE AVE  
WEST PALM BEACH FL 33409  
US**

Mailing Address

**2501 WESTGATE AVE  
WEST PALM BEACH FL 33409  
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 **65-0800980**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, JOHN M  
629 EXECUTIVE CENTER DRIVE  
#J101  
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, JOHN (JC)</b>	
STREET ADDRESS	<b>629 EXECUTIVE CENTER DR STE J-101</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, JOHN L</b>	
STREET ADDRESS	<b>1441 STONEWAY LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ERICKSON, CARL</b>	
STREET ADDRESS	<b>6742 FOREST HILL BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33413</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORN, JIMMY BO</b>	
STREET ADDRESS	<b>1451 40TH STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, ARNETTE</b>	
STREET ADDRESS	<b>1124 BROADWAY STE L</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Sophia Nelson</b>	
STREET ADDRESS	<b>5883 Caribbean Drive</b>	
CITY-ST-ZIP	<b>WAB, FL 33407</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

**SIGNATURE REQUIRED**

**4/2/03**

**521 682-1009**

CR2E037 (10/02)