

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90048 033 \*\*\*\*\*61.25

**DOCUMENT # N98000007082**

1. Entity Name

**CULTURAL ARTS BOARD, INC.**

Principal Place of Business

1151 TOWER BLVD  
 LAKE WALES FL 33853-3412

Mailing Address

1151 TOWER BLVD  
 LAKE WALES FL 33853-3412

816018

2. Principal Place of Business

800 E Palmetto Street

3. Mailing Address

800 E Palmetto Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3546957

Applied For

Not Applicable

Zip

33801-5529

Country

POLK

Zip

33801-5529

Country

POLK

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

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

Judith M. Barger

Judith M. Barger

1-31-01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, CHARLENA	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KAPPY, WILLIAM	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BEVIS, SHARON	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DICKINSON, PORLL	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALLAS, LAURA	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	
TITLE	PDD	<input checked="" type="checkbox"/> Delete
NAME	BARGER, JUDY	
STREET ADDRESS	1151 TOWER BLVD	
CITY-ST-ZIP	LAKE WALES FL 33853-3412	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stetson, Daniel E.	
STREET ADDRESS	800 E Palmetto Street	
CITY-ST-ZIP	Lakeland FL 33801-5529	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marguardt, Mark	
STREET ADDRESS	800 E Palmetto Street	
CITY-ST-ZIP	Lakeland FL 33801-5529	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bevis, Sharon	
STREET ADDRESS	800 E Palmetto Street	
CITY-ST-ZIP	Lakeland FL 33801-5529	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickinson, William	
STREET ADDRESS	800 E Palmetto Street	
CITY-ST-ZIP	Lakeland FL 33801-5529	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawson, Charlene	
STREET ADDRESS	800 E Palmetto Street	
CITY-ST-ZIP	Lakeland FL 33801-5529	
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:

Daniel E. Stetson

Daniel E. Stetson, Pres. 1-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)