

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90066 036 \*\*\*\*61.25

**DOCUMENT # N99000000667**

1. Entity Name

**ARTS AND CULTURE ALLIANCE, INC.**

Principal Place of Business

**101 W. VENICE AVENUE, SUITE 10  
VENICE FL 34285**

Mailing Address

**P O BOX 414  
VENICE FL 34284-0414**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0951676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, BARBARA  
530 LYONS BAY RD  
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name **TRAMMELL, JEAN**

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

City **Venice**

**FL**

Zip Code  
**34285**

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

**Jean Trammell, President**

**4/20/02**

**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 **D** ☒ Delete  
NAME **STANLEY, MARY**  
STREET ADDRESS **1951 WHITE FEATHER LANE**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **V** ☒ Delete  
NAME **REEVES, ARLENE**  
STREET ADDRESS **6373 MATARO COURT**  
CITY-ST-ZIP **NORT PORT FL 34287**

TITLE **S** ☐ Delete  
NAME **CHMAJ, ELLEN**  
STREET ADDRESS **830 INDUS ROAD**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **P** ☐ Delete  
NAME **FREEMAN, BARBARA**  
STREET ADDRESS **530 LYONS BAY RD**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **T** ☐ Delete  
NAME **WILLIAMS, ERIKA**  
STREET ADDRESS **525 WATERWOOD LANE**  
CITY-ST-ZIP **VENICE FL 34293-4193**

TITLE **D** ☒ Delete  
NAME **FINDLEY, JAN**  
STREET ADDRESS **364 EDEN DR.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition  
NAME **Trammell, Jean**  
STREET ADDRESS **418 Gulf Street**  
CITY-ST-ZIP **Venice, FL 34285**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Schell, Desiree**  
STREET ADDRESS **1803 Mova Street**  
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **Vice-President** ☒ Change ☐ Addition  
NAME **Hillstrom, Ellen**

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Director** ☐ Change ☒ Addition  
NAME **Salo, Allen**  
STREET ADDRESS **3962 Warrior Ave.**  
CITY-ST-ZIP **North Port, FL 34286**

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:**

**Erika Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Erika Williams**

**4/20/02**

**(941)408-7349**

Date

Daytime Phone #

CR2E037 (9/01)