

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/29/00-90035-018-\$61.25-\$61.25

DOCUMENT # N99000002391

1. Entity Name

OLMEC CENTER FOR FINE ARTS, INC.

FILED

00 MAR 23 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

108 S.W. 3RD STREET  
FORT MEADE FL 33841

Mailing Address

108 S.W. 3RD STREET  
FORT MEADE FL 33841-3454

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3573150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, EDWARD J  
108 S.W. 3RD STREET  
FORT MEADE FL 33841

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	President	<input type="checkbox"/> Delete
NAME	Edward J. King	
STREET ADDRESS	108 S.W. 3rd Street	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Afrika King	
STREET ADDRESS	4006B. Mullins Road	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	John McNair	
STREET ADDRESS	1995 E. Wabash Street	
CITY-ST-ZIP	Bartow, FL 33830	
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		<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		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Edward J. King President

4/24/00 863 6887376

Date

Daytime Phone