

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000006667**
 1. Entity Name
**The Performing Arts Center for the Blues
 Blues Library and Museum**

FILED
 00 MAY 30 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**302 Glenview Dr
 Tallahassee, FL 32303**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FFL Number **Applied for** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Elizabeth B. Clark
 302 Glenview Dr
 Tallahassee, FL 32303**

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 **Elizabeth B. Clark**
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 D <input type="checkbox"/> Delete
NAME	Elizabeth B. Clark
STREET ADDRESS	302 Glenview Dr
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	Vice President D <input type="checkbox"/> Delete
NAME	David M. Clayton
STREET ADDRESS	302 Glenview Dr
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	Secretary D <input type="checkbox"/> Delete
NAME	Scott E. C.
STREET ADDRESS	352 Monte Carlo Way
CITY-ST-ZIP	Union City, Calif 94587
TITLE	Treasurer D <input type="checkbox"/> Delete
NAME	Femer, Bruce Farmington
STREET ADDRESS	9132 Lakeshore Dr. Ch 06032
TITLE	D Atkins, Charles <input type="checkbox"/> Delete
NAME	Atkins, Charles
STREET ADDRESS	11261 Birmingham St
CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	D Rush, Bobby <input type="checkbox"/> Delete
NAME	Rush, Bobby
STREET ADDRESS	2614 Harriette av.
CITY-ST-ZIP	Jackson MS 39209

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	
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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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: **Elizabeth B. Clark, Pres.** Date: **5/30/2000** (250) Daytime Phone #: **386-1270**

CR2E037 (9/99)