

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

FILED
 00 MAY 30 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE
 4. FFL Number **Applied for** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP
President D ☐ Delete
Elizabeth B. Clark
302 Glenview Dr
Tallahassee, FL 32303
Vice President D ☐ Delete
David M. Clayton
302 Glenview Dr
Tallahassee, FL 32303
Secretary D ☐ Delete
Scott E. C
352 Monte Carlo Way
Union City, Calif 94587
Treasurer D ☐ Delete
Femier, Bruce Farmington
9132 Lakeshore Dr. Ch 06032
Atkins, Charles ☐ Delete
11261 Birmingham St
Tallahassee, FL 32304
Rush, Bobbie ☐ Delete
2614 Harriette av.
Jackson MS 39209

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
☐ Change ☐ Addition
☐ Change ☐ Addition
100003270591--4
-05/30/00--01103--002
*******61.25 *****61.25**
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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.** 5/30/2000 (250) 386-1270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)