

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0014161

DOCUMENT # N99000006667

05-01-2001 90093 024 ****61.25

1. Entity Name

THE PERFORMING ARTS CENTER FOR THE BLUES & BLUES

Principal Place of Business

Mailing Address

302 GLENVIEW DR.
TALLAHASSEE FL 32303

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

59-3625477

Not Applicable

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

~~CLARK, ELIZABETH B
302 GLENVIEW DR.
TALLAHASSEE FL 32303~~

Name

ELLA Woodbury

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

1410 California Street

City

Tallahassee,

FL

Zip Code

32304-1914

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

ELLA M. Woodbury
 Signature, typed or printed name of registered agent and title if applicable.
 ELLA M. WOODBURY

(NOTE: Registered Agent signature required when reinstating)

April 27, 2001
 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 Delete
 NAME CLARK, ELIZABETH B
 STREET ADDRESS 302 GLENVIEW DR.
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME SCOTT, E. C.
 STREET ADDRESS 352 MONTE CARLO WAY
 CITY-ST-ZIP UNION CITY CA 94587

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME RUSH, BOBBY
 STREET ADDRESS 2614 HARRIOTTE AVE.
 CITY-ST-ZIP JACKSON MS 39209

TITLE Change Addition
 NAME Bobby Rush
 STREET ADDRESS 2614 Harriotte Ave
 CITY-ST-ZIP Jackson, MS 39209

TITLE D Delete
 NAME ATKINS, CHARLES
 STREET ADDRESS 1126 BIRMINGHAM ST.
 CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME CLAYTOR, DAVID M
 STREET ADDRESS 302 GLENVIEW DR.
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME FEINER, BRUCE
 STREET ADDRESS 9132 LAKESHORE DR.
 CITY-ST-ZIP FARMINGTON CN 06032

TITLE Change Addition
 NAME ELLA Woodbury
 STREET ADDRESS 1410 California Street
 CITY-ST-ZIP Tallahassee, FL

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 Elizabeth B. CLARK 4/20/01 (863) 325-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)