

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N99000006667

1. Entity Name

THE PERFORMING ARTS CENTER FOR THE BLUES BLUES

Principal Place of Business

**302 GLENVIEW DR.
TALLAHASSEE FL 32303**

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. FEI 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

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

7. Name and Address of New Registered Agent

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
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, ELIZABETH B	
STREET ADDRESS	302 GLENVIEW DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, E. C.	
STREET ADDRESS	352 MONTE CARLO WAY	
CITY-ST-ZIP	UNION CITY CA 94587	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSH, BOBBY	
STREET ADDRESS	2614 HARRIOTTE AVE.	
CITY-ST-ZIP	JACKSON MS 39209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATKINS, CHARLES	
STREET ADDRESS	1126 BIRMINGHAM ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTOR, DAVID M	
STREET ADDRESS	302 GLENVIEW DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FEINER, BRUCE	
STREET ADDRESS	9132 LAKESHORE DR.	
CITY-ST-ZIP	FARMINGTON CN 06032	

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	Vice Pres Bobby Rush	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2614 Harriotte Ave	
STREET ADDRESS	Jackson, MS 39209	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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* ⁽⁸⁰³⁾ **325-2883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)