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404-874-7244

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Tan SIGNATURE TO PER

Jan 18, 2001 8:00 am DOCUMENT # **P36758** Secretary of State 01-18-2001 90011 010 ****61.25 SOUTHERN ARTS FEDERATION, INC. Principal Place of Business Mailing Address 1401 PEACHTREE ST NE 1401 PEACHTREE ST NE **UUUU4U42** STF 460 STE 460 ATLANTA GA 30309 ATLANTA GA 30309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1129587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DUNN, JEFFREY D 200 W. FORSYTH STREET **SUITE 1430** Zip Code JACKSONVILLE FL 32202 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, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VCD TITLE ☐ Delete TITLE TROASLROR Change □ Addition HILL, JIM NAME NAME STREET ADDRESS 1320 SUNSET DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIGNAL MTN. TN VC TITLE ☐ Detete TITLE Vice Chaia - Plauning Change NEWMAN, MARGARET NAME NAME Albert B. Heal STREET ADDRESS 4400 COLD SPRING RD. STREET ADDRESS 201 Mouroe Street CITY-ST-ZIP WINSTON-SALEM NC CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change DUNN, JEFFREY NAME NAME 200 W FORSYTH STREET, STE 1430 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL VICE CHAIR - PROGRAMS TITLE ☐ Delete TITLE Change ☐ Addition SURKAMER, SUSIE NAME NAME STREET ADDRESS 1800 GERVAIS STREET STREET ADDRESS CITY-ST-ZIP **COLUMBIA SC** CITY-ST-7IP Vice Chair Development Jack Shultz 1905 Crescent Drive TITLE ☐ Delete TITLE Change Change ☐ Addition MOORE, ANNE NAME NAME STREET ADDRESS 1003 WADE AVE STREET ADDRESS CITY-ST-ZIP PASCAGOULA MS 39567 CITY-SI-ZIP HIRWASSEL VCP TITLE TITLE ☐ Delete ☐ Change ☐ Addition COMBS, GERRI NAME STREFT ADDRESS 31 FOUNTAIN PLAZA STREET ADDRESS CITY-ST-ZIP FRANKFORT KY 40601-1942 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.