

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90034 050 ****61.25

DOCUMENT # P36758

1. Entity Name

SOUTHERN ARTS FEDERATION, INC.

Principal Place of Business

Mailing Address

**1401 PEACHTREE ST NE
 STE 460
 ATLANTA GA 30309
 US**

**1401 PEACHTREE ST NE
 STE 460
 ATLANTA GA 30309
 US**

2. Principal Place of Business

1800 Peachtree St. NW

3. Mailing Address

1800 Peachtree St. NW

Suite, Apt. #, etc.

Suite 808

Suite, Apt. #, etc.

Suite 808

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30309

Country

US

Zip

30309

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1129587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, JEFFREY D
 200 W. FORSYTH STREET
 SUITE 1430
 JACKSONVILLE FL 32202**

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

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
**VCD
 HILL, JIM
 1320 SUNSET DR.
 SIGNAL MTN. TN** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VC
 NEWMAN, MARGARET
 4400 COLD SPRING RD.
 WINSTON-SALEM, NC** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C
 DUNN, JEFFREY
 200 W FORSYTH STREET, STE 1430
 JACKSONVILLE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 SURKAMER, SUSIE
 1800 GERVAIS STREET
 COLUMBIA SC** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 MOORE, ANNE
 1003 WADE AVE
 PASCAGOULA MS 39567** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCP
 COMBS, GERRI
 31 FOUNTAIN PLAZA
 FRANKFORT KY 40601-1942** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VC
 Albert B. Head
 201 Monroe St., Ste 110
 Montgomery, AL 36104** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 Hill, Jim
 1320 Sunset Dr.
 Signal Mountain, TN 37377** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VC
 Surkamer, Susie
 1800 Gervais Street
 Columbia, SC 29201** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 Moore, Anne
 1003 Wade Ave
 Pascagoula, MS 39567** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCP
 Combs, Gerri
 31 Fountain Plaza
 Frankfort, KY 40601-1942** ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

404-874-7244

Date

Daytime Phone #

CR2E037 (9/01)