

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90039 038 ****61.25

DOCUMENT # P36758

1. Entity Name

SOUTHERN ARTS FEDERATION, INC.



Principal Place of Business

**1300 PEACHTREE ST NW
STE 808
ATLANTA GA 30309
US**

Mailing Address

**1300 PEACHTREE ST NW
STE 808
ATLANTA GA 30309
US**

2. Principal Place of Business

1800 Peachtree St. NW

3. Mailing Address

1800 Peachtree St. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Delete
NAME **HILL, JIM**
STREET ADDRESS **1320 SUNSET DR.**
CITY-ST-ZIP **SIGNAL MOUNTAIN TN 37377**

T ☐ Change ☒ Addition
NAME **Todd Lowe**
STREET ADDRESS **9900 Corporate Campus Dr. Suite 2100**
CITY-ST-ZIP **Louisville, KY 40223**

VC ☒ Delete
NAME **HEAD, ALBERT B**
STREET ADDRESS **201 MONROE ST STE 110**
CITY-ST-ZIP **MONTGOMERY AL 36104**

VC ☐ Change ☒ Addition
NAME **Gurri Combs**
STREET ADDRESS **300 West Broadway**
CITY-ST-ZIP **Frankfort, KY 40601**

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

VC ☐ Change ☒ Addition
NAME **Jack Shultz**
STREET ADDRESS **1905 Crescent Drive**
CITY-ST-ZIP **Hawasssee, GA 30546**

VC ☐ Delete
NAME **SURKAMER, SUSIE**
STREET ADDRESS **1800 GERVAIS STREET**
CITY-ST-ZIP **COLUMBIA SC 29201**

C ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Pam Breaux**
CITY-ST-ZIP **PO Box 44247**

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

S ☐ Change ☒ Addition
NAME **Pam Breaux**
STREET ADDRESS **PO Box 44247**
CITY-ST-ZIP **Baton Rouge, LA 70804**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
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 similar like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/16/03

CR2E037 (10/02)