

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039218

1. Entity Name

ADAMS STREET ARTISTS, INC.

Principal Place of Business

305 ADAMS STREET
PENSACOLA FL 32501

Mailing Address

305 ADAMS STREET
PENSACOLA FL 32501-6015

2. Principal Place of Business

112 S. Palafox St

Suite, Apt. #, etc.

3. Mailing Address

112 S. Palafox St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

US

City & State

Pensacola, FL

Zip

Country

US

6. Name and Address of Current Registered Agent

CARROLL, SHELA
305 ADAMS STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
MARCIA HOLLAND
Street Address (P.O. Box Number is Not Acceptable)
112 S. Palafox St
Pensacola
City
FL Zip Code
32501

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: Marcia Mc Holland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLAND, MARCIA	
STREET ADDRESS	4996 HICKORY SHORES BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUSSEL, PATTI	
STREET ADDRESS	8838 BURNING TREE RD	
CITY-ST-ZIP	PENSACOLA FL-32514	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSELL, PATTI	
STREET ADDRESS	8838 BURNING TREE RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ST. JOHN, NINI	
STREET ADDRESS	2275 BANQUIS CT	
CITY-ST-ZIP	PENSACOLA FL 22503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, MARCIA	
STREET ADDRESS	(President)	
CITY-ST-ZIP		
TITLE	Curt Derby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5764 Pebble Ridge Dr	
STREET ADDRESS	Milton FL 32588	
CITY-ST-ZIP	(VP)	
TITLE	Russell, Patti	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Secretary)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	White, Laura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2421 Francisco Dr	
STREET ADDRESS	Pensacola, FL 32526	
CITY-ST-ZIP	(Treas)	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Mc Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000 850 429 9100

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90088 035 ***150.00



DO NOT WRITE IN THIS SPACE