

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039218

1. Entity Name

ADAMS STREET ARTISTS, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90007 009 ***150.00

0611704

Principal Place of Business

112 S PALAFOX ST
PENSACOLA FL

Mailing Address

112 S PALAFOX ST
PENSACOLA FL 32501

00027842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3442184

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARCIA HOLLAND
112 S PALAFOX ST
PENSACOLA FL 32501

Name *Patti Russell*
Street Address (P.O. Box Number is Not Acceptable)
112 S PALAFOX ST.

City *Pensacola,* 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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, MARCIA	
STREET ADDRESS	4996 HICKORY SHORES BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, PATTI	
STREET ADDRESS	8838 BURNING TREE RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DERBY, CURT	
STREET ADDRESS	5764 PEBBLE RIDGE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, LAURA	
STREET ADDRESS	2421 FRANCISCAR DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PATTI	
STREET ADDRESS	8838 BURNING TREE RD.	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNIE, DIANE	
STREET ADDRESS	2398 Reservation Rd.	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS in #11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, DAVID	
STREET ADDRESS	3730 BENGAL ROAD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
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:

Patti Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATTI Russell, President

MARCH 15, 2001

Date

Daytime Phone #

(850) 484-4964

CR2E034 (10/00)