

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90117 043 ***150.00

DOCUMENT # P97000039218

1. Entity Name

ADAMS STREET ARTISTS, INC.

Principal Place of Business

Mailing Address

**112 S PALAFOX ST
PENSACOLA FL**

**112 S PALAFOX ST
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3442184

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

RUSSELL, PATTI

**112 S PALAFOX ST
PENSACOLA FL 32501**

Name

DAVID LEONARD

Street Address (P.O. Box Number is not Acceptable)

112 S. PALAFOX PLACE

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

David A. Leonard (**DAVID A. LEONARD**)

TREASURER

3-31-02

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, 2002 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 ☐ Delete
NAME **S**
STREET ADDRESS **RENNIE, DIANE**
CITY-ST-ZIP **2398 RESERVATION RD
GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **RUSSELL, PATTI**
CITY-ST-ZIP **8838 BURNING TREE RD
PENSACOLA FL 32514**

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **MARCIA HOLLAND**
CITY-ST-ZIP **PO BOX 399
GULF BREEZE, FL 32562**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **DERBY, CURT**
CITY-ST-ZIP **5764 PEBBLE RIDGE DRIVE
MILTON FL 32583**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **RICHARD ROSELLI**
CITY-ST-ZIP **3580 MARJEAN DRIVE
PENSACOLA, FL 32504**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LEONARD, DAVID**
CITY-ST-ZIP **3730 BENGAL RD
GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David A. Leonard (**DAVID A. LEONARD**)

3-31-02

8509322788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)