

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737144

1. Entity Name

FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 6:16

Principal Place of Business

Mailing Address

626 LAKEHAVEN CIR 1427 HARNDEN RD
ORLANDO FL 32828 PORT ORANGE, FL 32119
US- ORLANDO FL 32828 US- PORT ORANGE, FL 32119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1427 HARNDEN RD.

3. Mailing Address

1427 HARNDEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

51-0182663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 32119

Country US

Zip 32119

Country US

6. Name and Address of Current Registered Agent

SUSAN E WEST
626 LAKEHAVEN CIR
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name
PATRICIA MILES
Street Address (P.O. Box Number is Not Acceptable)
1427 HARNDEN RD.
City
PORT ORANGE FL Zip Code 32119

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

PATRICIA MILES

Patricia Miles

AUG. 10, 2000

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
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KREBSBACH, NANCY	
STREET ADDRESS	1715 SEA SHELL DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AZCUY, RAY T	
STREET ADDRESS	185 NW 184TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUSAN E WEST	
STREET ADDRESS	626 LAKEHAVEN CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PHYLLIS DUGGAR ALEXANDROFF	
STREET ADDRESS	2602 STAFFORD WOODS PL	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUSAN WEINSTOCK	
STREET ADDRESS	P O BOX 501 N/A	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT PD(R)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN WEINSTOCK	
STREET ADDRESS	P.O. BOX 501	
CITY-ST-ZIP	SORRENTO, FL. 32778	
TITLE	PRESIDENT - ELEC PD(R)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAN WILLIAMS	
STREET ADDRESS	385 GROUSE COURT	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	TREASURER T(Dir)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA MILES	
STREET ADDRESS	1427 HARNDEN RD.	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	SECRETARY S(Dir)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY JESUP	
STREET ADDRESS	721 PRISOL LANE	
CITY-ST-ZIP	PORT ORANGE, FL. 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Patricia Miles REPATRICIA MILES 8/10/00

904.822.6547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #