

2001 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # 737144

1. Entity Name
FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
1427 KARNSDEN ROAD HARNDEN **1427 KARNSDEN ROAD HARNDEN**
SUITE 1 **SUITE 1**
PORT ORANGE FL 32028 32129 **PORT ORANGE FL 32028 32129**
US **US**

2. Principal Place of Business 3. Mailing Address
1427 HARNDEN RD. **1427 HARNDEN RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT ORANGE, FL **PORT ORANGE**
 Zip Country Zip Country
32129 **32129** **FL** Zip Code

FILED
01 OCT 31 7 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

4. FEI Number Applied For
51-0182663 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

MILES, PATRICIA
1427 KARNSDEN ROAD HARNDEN
SUITE 1
PORT ORANGE FL 32028 32129

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.

SIGNATURE Patricia Miles DATE 10 October 2001
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 12, 2001, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTOCK, SUSAN PO BOX 501 SORRENTO FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004694983--7 -11/27/01--01046--006 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDE WILLIAMS, NAN 385 GROUSE COURT WINTER PARK FL 37789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILES, PATRICIA 1427 HARNDEN RD PORT ORANGE FL 21119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JESUP, CINDY 721 PRISSOL LANE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 10 October 2001 **386.756.6326**

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CR2E037 (5/01)