FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 24, 2001 8:00 am Secretary of State **DOCUMENT # 720119** 1. Entity Name 08-24-2001 90003 009 ****61.25 GASPARILLA FESTIVAL OF THE ARTS, INC. Principal Place of Business Mailing Address P.O. BOX 10591 P.O. BOX 10591 TAMPA FL 33679 **TAMPA FL 33679** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7112792 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PANZARELLA, JOHN F 101 E. KENNEDY BLVD **SUITE 2700, POBOX 1102** TÅMPA FL 33602 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition Change 5/01 PANZARELLA, JOHN NAME NAME STREET ADDRESS 101 E. KENNEDY BLVD, SUITE 2700, POBX 1102 CR2E037 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE Delete TITLE **Addition** MEYER, GEOFF 808 S. EDISON AVE. HEPNER, DEBBIE NAME NAME STREET ADDRESS 2515 W. CONLEY AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33611** CITY-ST-ZIP TAMPA, FL 33606 ☐ Delete TITLE Change Addition STORM, KELLY NAME NAME STREET ADDRESS 1913 DEKLE AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition YOORHIS 265 AVE. GREGORY, BRENDA NAME NAME STREET ADDRESS 4521 S. HALE AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

161311111/2 Stoure Dreamer

8/21/01 813-490-664