# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17967

1. Entity Name

VSA ARTS OF FLORIDA, INC.

**FILED**
**May 05, 2000 8:00 am**
**Secretary of State**
05-05-2000 90045 042 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 3500 E FLETCHER AVENUE<br>SUITE 225<br>TAMPA FL 33613<br>US | 3500 E FLETCHER AVENUE<br>SUITE 225<br>TAMPA FL 33613-4710<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2758321 ☐ 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 |
|---|---|
| MOFFITT, KAREN PHD<br>3500 E FLETCHER AVENUE<br>SUITE 225<br>TAMPA FL 33613 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| **FILE NOW: FEE IS $61.25** | 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 | VT<br>CIFERS, DOUG<br>3235 DUFF RD<br>LAKELAND FL 33810 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPRT<br>GALLO, ROBERT<br>250 MARRIOTT DRIVE<br>TALLAHASSEE FL 32301 | ☐ Delete | VPPR<br>GALLO, Robert<br>124 Edgewater Terrace<br>Dunedin, FL 34698 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>WEAVER, BONNIE<br>103 ELWA PLACE<br>WEST PALM BEACH FL 33405 | ☐ Delete | VPD<br>Weaver, Bonnie<br>103 Elwa Place<br>West Palm Beach, FL 33405 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ESPOSITO, LISELLE<br>101 E KENNEDY, STE 1500<br>TAMPA FL 33602 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>MAPOLES, PAULA LOU<br>7150 PRINTERS ALLEY<br>MILTON FL 32583 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MOFFITT, KAREN PHD<br>3500 E FLETCHER AVE, STE 225<br>TAMPA FL 33613 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** SIGNATURE REQUIRED KAREN MOFFITT 4/12/00 813-975-6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #