

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90115 007 ****61.25

DOCUMENT # N17967

1. Entity Name

VSA ARTS OF FLORIDA, INC.

Principal Place of Business

**3500 E FLETCHER AVENUE
 SUITE 225
 TAMPA FL 33613
 US**

Mailing Address

**3500 E FLETCHER AVENUE
 SUITE 225
 TAMPA FL 33613
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**MOFFITT, KAREN PHD
 3500 E FLETCHER AVENUE
 SUITE 225
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

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

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

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 NAME ☐ Delete
PD GALLO, ROBERT
 STREET ADDRESS **124 EDGEWATER TERRACE**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE NAME ☒ Delete
VDD AZCUY, RAY
 STREET ADDRESS **1500 BISCAYNE BLVD SUITE 317**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE NAME ☐ Delete
ESPOSITO, LISELLE
 STREET ADDRESS **101 E KENNEDY, STE 1500**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE NAME ☐ Delete
ST MAPOLES, PAULA LOU
 STREET ADDRESS **7150 PRINTERS ALLEY**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE NAME ☐ Delete
PD MOFFITT, KAREN PHD
 STREET ADDRESS **3500 E FLETCHER AVE, STE 225**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☒ Addition
VDD W. Trent Steele
 STREET ADDRESS **3300 PGA Blvd. Suite 300**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

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

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

TITLE NAME ☐ Change ☒ Addition
VDD Philip Fougereusse
 STREET ADDRESS **405 Woodland Street**
 CITY-ST-ZIP **Merritt Island, FL 32953**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/16/02 813-975-6962

CR2E037 (9/01)