

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19813

FILED
Jan 07, 2003
Secretary of State

Entity Name: FLORIDA STATE THESPIAN SOCIETY, INC.

Current Principal Place of Business:

DOUGLAS ANDERSON SCHOOL OF ARTS
2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

DOUGLAS ANDERSON SCHOOL OF ARTS
2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2892076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, MICHAEL J
8845 CHAMBORE DRIVE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINS, MICHAEL J
Address: 8845 CHAMBORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: JONES, DON
Address: 29 TURNSTONE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: GUST, JONATHAN
Address: 5100 BURCHETTE ROAD UNIT 301
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: GORMAN, PAT
Address: 1293 MONTICELLO DRIVE APARTMENT B
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. HIGGINS

PD

01/07/2003

Electronic Signature of Signing Officer or Director

Date