

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 020 \*\*\*\*61.25

**DOCUMENT # N98000006450**

1. Entity Name

**THE FUTURE ARTISTS NETWORK FOR THE PINELLAS COUNTY CENTER FOR THE ARTS AT GIBBS HIGH SCHOOL, INC**

Principal Place of Business

Mailing Address

C/O GIBBS HIGH SCHOOL  
 850 34TH STREET SOUTH  
 ST. PETERSBURG FL 33705

C/O GIBBS HIGH SCHOOL  
 850 34TH STREET SOUTH  
 ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3704166**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALHOUN, JOHN W JR**  
**6800 31ST AVE NORTH**  
**SAINT PETERSBURG FL 33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John W. Calhoun*

*9/5/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CALHOUN, JOHN W JR</b>	
STREET ADDRESS	<b>6800 31ST AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, GAIL</b>	
STREET ADDRESS	<b>734 3RD AVE SOUTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CALHOUN, LANNY O</b>	
STREET ADDRESS	<b>6800 31ST AVE NORTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOLLAND, BONNIE</b>	
STREET ADDRESS	<b>17071 DOLPHIN DRIVE</b>	
CITY-ST-ZIP	<b>N REDINGTON BEACH FL 33708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 info empowered.

SIGNATURE:

*John W. Calhoun*  
**REGISTERED**

*9/5/02*

*727 302 7876*

CR2E037 (4/02)