

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005568

**Entity Name:** THE CIRCUS ARTS CONSERVATORY, INC.

**Current Principal Place of Business:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239

**Current Mailing Address:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239 US

**FEI Number: 65-0786312**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REIS, PEDRO  
2075 BAHIA VISTA STREET  
SARASOTA, FL 34239 US

*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

**Officer/Director Detail :**

Title            TREASURY  
Name            BROWN, JACK  
Address        COUNTRY MANOR DRIVE  
City-State-Zip: SARASOTA FL 34233

Title            SECRETARY  
Name            WALK, DEBORAH  
Address        5138 SUMMERWOOD COURT  
City-State-Zip: SARASOTA FL 34233

Title            CEO  
Name            REIS, PEDRO  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title            CHAIRMAN  
Name            LOWTHER, BARTON  
Address        1819 MAIN STREET  
                  FLOOR 12  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            MALAWSKY, DONALD  
Address        6705 COYOTE RIDGE COURT  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            VC  
Name            SALMON, MICHAEL  
Address        441 33RD STREET NORTH #105  
City-State-Zip: ST. PETERSBERG FL 33713

Title            DIRECTOR  
Name            TYE, BARB  
Address        1884 GROVE STREET  
City-State-Zip: SARASOTA FL 34239

Title            DIRECTOR  
Name            HARRIS, JULIE  
Address        1535 BAY POINT DRIVE  
City-State-Zip: SARASOTA FL 34236

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*I hereby 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 all other like empowered.*

**SIGNATURE: PEDRO REIS**

**FOUNDER/CEO**

**03/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ASHMAN, SHARI  
Address        5450 EAGLE POINT CIRCLE  
                  102  
City-State-Zip: SARASOTA FL 34231