

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 370319

1. Entity Name

THREE ARTS PRODUCTIONS, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90366 029 \*\*\*150.00

Principal Place of Business  
 25 NORTH PINEAPPLE AVENUE  
 SARASOTA FL 34236

Mailing Address  
 25 NORTH PINEAPPLE AVENUE  
 SARASOTA FL 34236

00054922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1562038

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

SHEA, JOHN J. J  
 720 S ORANGE AVE  
 SARASOTA FL 34236

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME TUROFF, ROBERT  
 STREET ADDRESS 25 NO PINEAPPLE AVE  
 CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE D ☐ Delete  
 NAME TUROFF, BENJAMIN M.  
 STREET ADDRESS 25 N. PINEAPPLE AVE.  
 CITY-ST-ZIP SARASOTA FL

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

TITLE VP ☐ Delete  
 NAME TUROFF, ROBERTA  
 STREET ADDRESS 25 NORTH PINEAPPLE AVE.  
 CITY-ST-ZIP SARASOTA FL

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

TITLE VP ☐ Delete  
 NAME SUPLEE, T. RAYMOND(ASST)  
 STREET ADDRESS 1770 WOOD STREET  
 CITY-ST-ZIP SSARASOTA FL

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

TITLE D ☐ Delete  
 NAME TUROFF, KYLE E.  
 STREET ADDRESS 25 N. PINEAPPLE AVE.  
 CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete  
 NAME ANTOLIK, FELICIA  
 STREET ADDRESS 25 N. PINEAPPLE AVE.  
 CITY-ST-ZIP SARASOTA FL

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. TUROFF

4/30/01

941-366-2646

Day

Daytime Phone #

CR2E034 (10/00)