

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 04, 2000 8:00 am  
Secretary of State

04-10-2000 90168 040 \*\*\*\*61.25

DOCUMENT # 751367

1. Entity Name

SOCIETY FOR THE PRESERVATION OF VAUDEVILLE AND V

Principal Place of Business

1506 DESOTO AVENUE  
TAMPA FL 33606  
US

Mailing Address

1506 S. DESOTO AVENUE  
TAMPA FL 33606  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1997432

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FENDA, PATRICIA  
4612 LOWELL AVE  
TAMPA FL 33629

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> Delete
NAME	LIPPE, STEWART	
STREET ADDRESS	1506 S. DE SOTO	
CITY-ST-ZIP	TAMPA FL	

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	WILBORN, PAUL	
STREET ADDRESS	4612 LOWELL AVE	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	FISCUS, MELISSA	
STREET ADDRESS	4313 EL PRADO BLVD	
CITY-ST-ZIP	TAMPA FL	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ADC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SCIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Fenda "D"	
STREET ADDRESS	4612 Lowell Ave	
CITY-ST-ZIP	Tampa, FL 33629	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE Hennessey "D"	
STREET ADDRESS	1713 So. Hubert	
CITY-ST-ZIP	Tampa, FL 33629	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 (813)835-4522

CR2E037 (9/99)