

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769919

1. Entity Name

FESTIVAL OF STATES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90118 011 ****61.25

Principal Place of Business

33 SIXTH ST S
STE 101
ST. PETERSBURG FL 33701
US

Mailing Address

P OBOX 1731
P.O. BOX 1731
ST PETERSBURG FL 33731-1731
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2318048

Applied For

Not Applicable

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

ENGLANDER & FISCHER PA
5959 CENTRAL AVE
STE 606
ST. 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.

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 \$61.25

9. Election Campaign Financing
Trust Func. 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 ☐ Delete
NAME **VD**
STREET ADDRESS **MAHAFFEY, MARK T**
CITY-ST-ZIP **3700 POMPANO DROVE S.E.**
ST. PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **NEWMAN, JAMES G**
CITY-ST-ZIP **634 SECOND AVE S.**
ST. PETERSBURG FL 33701

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

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **MOMBERG, JOEL**
CITY-ST-ZIP **777 FOURTH STREET S.**
ST PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition
NAME **McQueen William D.**
STREET ADDRESS **2201 Ninth Street No.**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HAMPTON, HINES A III**
CITY-ST-ZIP **1845 BAYOU GRANDE BLVD, NE**
ST PETERSBURG FL 33703

TITLE ☒ Change ☐ Addition
NAME **VAD**
STREET ADDRESS **Hines Hampton A III**
CITY-ST-ZIP **1845 Bayou Grande Blvd. N.E.**
St. Petersburg, FL 33703

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **BYELICK, ROBERT P**
CITY-ST-ZIP **P.O. BOX 1511**
ST. PETERSBURG FL 33731

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

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **FISCHER, H. JAMES**
CITY-ST-ZIP **721 FIRST AVE N.**
ST. PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **Ligon, Reginald**
CITY-ST-ZIP **5201 Central Ave**
St. Petersburg, FL 33710

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: *Marlene J. Counts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00 727-898-3654

CR2E037 (9/99)