

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM****Secretary of State****DOCUMENT # 769919**1. Entity Name
FESTIVAL OF STATES, INC.

Principal Place of Business	Mailing Address
33 SIXTH ST S STE 101 ST. PETERSBURG 33701 US	P O BOX 1731 P.O. BOX 1731 ST PETERSBURG 337311731 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2318048Applied 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

ENGLANDER & FISCHER PA
5959 CENTRAL AVE
STE 606
ST. PETERSBURG
33710
US

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 **01/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LIGON REGINALD	5201 CENTRAL AVE	SAINT PETERSBURG FL 33710				
TD	BYELICK ROBERT P	P.O. BOX 1511	ST. PETERSBURG FL 33731	TD	GREENE MARCUS	100 N. TAMPA STREET, SUITE 4100	TAMPA FL 33602
VD	HAMPTON HINES AMI	1845 BAYOU GRANDE BLVD, NE	ST PETERSBURG FL 33703	VD	ROMIG LEE F	634 SECOND AVENUE SOUTH	ST PETERSBURG FL 33701
VD	MCQUEEN WILLIAM D	2201 NINTH ST NORTH	SAINT PETERSBURG FL 33704				
VD	NEWMAN JAMES G	634 SECOND AVE S.	ST. PETERSBURG FL 33701	PD	NEWMAN JAMES G	634 SECOND AVE S.	ST. PETERSBURG FL 33701
VD	MAHAFFEY MARK T	3700 POMPAÑO DROVE S.E.	ST. PETERSBURG FL 33705				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **JAMES G. NEWMAN** PD **01/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)