

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90506 001 ***122.50

DOCUMENT # 769919

1. Entity Name

FESTIVAL OF STATES, INC.

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 Fund 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 **VD** ☐ Delete
 NAME **MAHAFFEY, MARK T**
 STREET ADDRESS **3700 POMPANO DROVE S.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

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

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

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

TITLE **VD** ☐ Delete
 NAME **MCQUEEN, WILLIAM D**
 STREET ADDRESS **2201 NINTH ST NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE **VD** ☐ Delete
 NAME **ROMIG, LEE F**
 STREET ADDRESS **634 SECOND AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **TD** ☐ Delete
 NAME **GREENE, MARCUS**
 STREET ADDRESS **100 N. TAMPA STREET, SUITE 4100**
 CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **P** ☐ Delete
 NAME **LIGON, REGINALD**
 STREET ADDRESS **5201 CENTRAL AVE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-02

CR2E037 (9/01)

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