

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90138 039 *****61.25

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **President** ☐ Change ☒ Addition
NAME **Dick Neiser**
STREET ADDRESS **150 2nd Ave N, Ste 910**
CITY-ST-ZIP **St Petersburg, FL 33701**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Donald Jones**
STREET ADDRESS **506 17th Ave NE**
CITY-ST-ZIP **St Petersburg, FL 33704**

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 **P** ☐ Change ☒ Addition
NAME **Marilyn Littlejohn**
STREET ADDRESS **880 Canillon Pkwy 32E**
CITY-ST-ZIP **St Petersburg, FL 33716**

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 I/O empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-14-03 727-998-3654

CR2E037 (10/02)