2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 30, 2001 08:00 AM N0000000158 DOCUMENT # 1. Entity Name **Secretary of State** CONSERVATORY FOR THE ARTS AT TAMPA BAY, INC. Principal Place of Business Mailing Address 9414 N ROME CIRCLE 9414 N ROME CIRCLE FL TAMPA FL 33612 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3649341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAULKNER PARSONS SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 9414 N ROME CIRCLE 9858 MORRIS GLEN WAY TAMPA FL33612 City Zip Code TAMPA 33637 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. 08/30/2001 JAY FAULKNER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME DINWIDDIE RIITH STREET ADDRESS STREET ADDRESS 9700 STARKEY ROAD APT 228 CITY-ST-ZIP CITY-ST-ZIP LARGO FT. 33777 ☐ Delete TITLE TITLE ☐ Change X Addition NAME NAME KALOGER LOU STREET ADDRESS STREET ADDRESS 6318 EAGLEBROOK AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33625 TITLE Delete TITLE Change X Addition NAME SULLIVAN NAME STEPHEN STREET ADDRESS STREET ADDRESS 315 S. HYDE PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33606 TITLE Delete TITLE X Change Addition NAME PARSONS SHIRLEY NAME CAHL DEBRA STREET ADDRESS STREET ADDRESS 94212 N. EDISON AVE, 9414 NORTH ROME CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33612 TAMPA FL. 33612 TITLE D Delete TITLE o X Change ☐ Addition NAME FAULKNER JAY NAME FAULKNER JAY STREET ADDRESS 10002 TURKEY TROT PL. STREET ADDRESS 9858 MORRIS GLEN WAY CITY-ST-ZIP TAMPA \mathbf{FL} 33637 CITY-ST-ZIP TAMPA FL, 33637

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

O

SHORES

LUTZ

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SHORES

TAMPA

14918 PHILMORE RD.

Jay Faulkner

RODNEY

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33613

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08/30/2001

RODNEY

X Change

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Addition

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