

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000158

FILED
Aug 26, 2002
Secretary of State

Entity Name: CONSERVATORY FOR THE ARTS AT TAMPA BAY, INC.

Current Principal Place of Business:

9414 N ROME CIRCLE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9414 N ROME CIRCLE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3649341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, JAY R
9858 MORRIS GLEN WAY
TAMPA, FL 33637

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: SHORES, RODNEY
Address: 29752 MORNING MIST
City-St-Zip: LUTZ, FL 33543

Title: O () Delete
Name: FAULKNER, JAY
Address: 9858 MORRIS GLEN WAY
City-St-Zip: TAMPA, FL 33637

Title: O () Delete
Name: CAHL, DEBRA
Address: 9414 NORTH ROME CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: KALOGER, LOU
Address: 6318 EAGLEBROOK AVENUE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: DINWIDDIE, RUTH
Address: 9700 STARKEY ROAD APT 228
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: SULLIVAN, STEPHEN
Address: 315 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY R FAULKNER

O

08/26/2002

Electronic Signature of Signing Officer or Director

Date