

2001 UNIFORM BUSINESS REPORT (UBR)

N00000002433

DOCUMENT # N00000002433

1. Entity Name

name corrected

VISTING ARTISTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2652 44 STREET SOUTH
GULFPORT FL 33711

2652 44 STREET SOUTH
GULFPORT FL 33711

FILED

01 MAY -1 AM 9:42

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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

59-3646115

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

ORSINI, SCOTT T
3800 CENTRAL AVE
ST PETERSBURG FL 33711

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)

4000004164254--

05/03/01--01018--027

*****70.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D SCOTCHING, CYNTHIA S ☐ Delete
2652 44 STREET SOUTH
GULFPORT FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCOTKIN, CYNTHIA S. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SCOTCHING, DAVID A ☐ Delete
2652 44 STREET SOUTH
GULFPORT FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCOTKIN, DAVID A ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BALLET, VIDA ☐ Delete
550 1 AVE SOUTH #308
ST PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BLAUVELT, VIDA ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. SCOTKIN 3/5/01 727-327-2114

Date

Daytime Phone #

CR2E037 (10/00)

3/28