

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90142 003 \*\*\*\*61.25

0045252

**DOCUMENT # N02000000193**

1. Entity Name

**NEW TAMPA CULTURAL CENTER, INC.**



Principal Place of Business

**18302 HIGHWOODS PRESERVE PKWY STE 201  
TAMPA FL 33647**

Mailing Address

**18302 HIGHWOODS PRESERVE PKWY STE 201  
TAMPA FL 33647**

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

**01-0650726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODBROOK, GRAEME C  
18302 HIGHWOODS PRESERVE PKWY STE 201  
TAMPA FL 33647**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOODBROOK, GRAEME C</b>	
STREET ADDRESS	<b>17802 RIDGE WAY CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFE, PETER</b>	
STREET ADDRESS	<b>17720 NATHANS CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRELLNER, THEODORE</b>	
STREET ADDRESS	<b>5125 PALM SPRINGS RD UNIT 9107</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

**SIGNATURE: [Signature]**

**9/3/03**

CR2E037 (10/02)