

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90298 017 ****61.25

DOCUMENT # N02000003070

1. Entity Name

THE DOWNTOWN ARTS ASSOCIATION, INC.



Principal Place of Business

**529 CENTRAL AVE
ST PETERSBURG FL 33701**

Mailing Address

**529 CENTRAL AVE
ST PETERSBURG FL 33701**

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

43-1972-301

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

CURTIS, T-W

**331 16 STREET NORTH
ST PETERSBURG FL 33705**

Name

RIORDAN, TRACY A.

Street Address (P.O. Box Number is Not Acceptable)

529 CENTRAL AVE

City

ST PETERSBURG

FL

Zip Code

33701-3703

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

Tracy A. Riordan

Tracy A. Riordan, VD

1/31/03

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 **PD** ☒ Delete
NAME **CURTIS, T W**
STREET ADDRESS **331 16 ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **PD** ☒ Change ☐ Addition
NAME **LIPPINCOTT, LISA**
STREET ADDRESS **CENTRAL AVE**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **VD** ☐ Delete
NAME **SCOTT, STEVE W**
STREET ADDRESS **201 1ST ST NE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **SD** ☐ Delete
NAME **RIORDAN, TRACY A**
STREET ADDRESS **529 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **TD** ☐ Delete
NAME **RAMBEAUX, HARRIET**
STREET ADDRESS **208 BEACH DR NE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE: Tracy A. Riordan

Tracy A Riordan 1/31/03 727-823-9629

CR2E037 (10/02)