

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 030 ****61.25

DOCUMENT # N12288

1. Entity Name

PARTNERS N PROGRESS FOR THE ARTS, INC.

Principal Place of Business

Mailing Address

% CATHY SANTA
 225 1ST AVENUE SW
 LARGO FL 34640-3503

PARTNERS N PROGRESS INC
 P.O BOX 1030
 LARGO FL 33779-1030
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2597553

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANTA, CATHY
 225 1ST AVENUE SW
 LARGO FL 33540

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)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CR	<input type="checkbox"/> Delete
NAME	SANTA, CATHY	
STREET ADDRESS	225 1ST AVE. SW	
CITY-ST-ZIP	LARGO FL 33540	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HAMMER, MARK R	
STREET ADDRESS	1000 S. BELCHER RD. STE 14B	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RICE, JAY	
STREET ADDRESS	13080 S BELCHER RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DPP	<input checked="" type="checkbox"/> Delete
NAME	FRIZZELL, JOANNE	
STREET ADDRESS	2200 TALL PINES DR #110	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PHYLLIS M.	
STREET ADDRESS	12345-A STARKEY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Coupe	
STREET ADDRESS	6 Belleview Blvd, #508	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Bestl, DDS	
STREET ADDRESS	7603 Seminole Blvd	
CITY-ST-ZIP	Seminole, FL 33778	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Gourdine	
STREET ADDRESS	201 14th St, SW	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Conlin	
STREET ADDRESS	2401 W. Bay Dr.	
CITY-ST-ZIP	Largo, FL 33770	
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: Margaret M. Coupe Margaret Coupe, 1-10-00 ✓
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)