

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90002 009 \*\*\*\*61.25

DOCUMENT # N12288

1. Entity Name

PARTNERS N PROGRESS FOR THE ARTS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Largo Cultural Center  
Suite, Apt. #, etc.

105 Central Park Dr.

City & State

Largo, FL

Zip

33771

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2597553

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTA, CATHY  
225 1ST AVENUE SW  
LARGO FL 33640-  
105 Central Park Dr.  
Largo, FL 33771

7. Name and Address of New Registered Agent

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 Cathy Santa  
Signature, typed or printed name of registered agent and title if applicable.

Cathy Santa  
(NOTE: Registered Agent signature required when reinstating)

4-03-01  
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

TITLE	CR	<input type="checkbox"/> Delete
NAME	SANTA, CATHY	
STREET ADDRESS	225 1ST AVE. SW	
CITY-ST-ZIP	LARGO FL 33540	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEIRL, BRIAN DDS	
STREET ADDRESS	7603 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33778	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOUDINE, SANDY	
STREET ADDRESS	201 14TH ST SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CONLIN, JIM	
STREET ADDRESS	2401 W BAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PHYLLIS M.	
STREET ADDRESS	12345-A STARKEY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COUPE, MARGARET	
STREET ADDRESS	6 BELLEVUE BLVD 508	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 Central Park Dr.	
STREET ADDRESS	Largo, FL 33771	
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Seminole, FL 33772	
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Toppe	
STREET ADDRESS	2714 Ninth St. N	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)