

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2000 90061 036 ****70.00

DOCUMENT # N24263

1. Entity Name

PERFORMING ARTS CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

1111 MCMULLEN ROAD
 CLEARWATER FL 33759
 US

1111 MCMULLEN ROAD
 CLEARWATER FL 33759
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2868623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **KX**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN NOORD, LEONARD J.
 1111 MCMULLEN ROAD
 CLEARWATER FL 33759

Name **Kathy Short Rabon**

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

1111 McMullen Booth Road

City

Clearwater

FL

Zip Code
34695

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  **Kathy Short Rabon** 2/8/00

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 **ED** Delete
 NAME **VAN NOORD, LEONARD J.**
 STREET ADDRESS **1929 NUGGET DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **ED** Change Addition
 NAME **Rabon, Kathy Short**
 STREET ADDRESS **107 Park Street**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **VD** Delete
 NAME **MANN, DANIEL T**
 STREET ADDRESS **1521 GLEN HOLLOW LN S**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **CD** Change Addition
 NAME **Mann, Daniel T.**

TITLE **C** Delete
 NAME **HURLEY, RENEE**
 STREET ADDRESS **3022 OAKMONT DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** Change Addition
 NAME **Hamilton, Kenneth G.**
 STREET ADDRESS **200 Palm Island NW**
 CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **T** Delete
 NAME **NODINE, WILLIAM E**
 STREET ADDRESS **565 BAYVIEW DR**
 CITY-ST-ZIP **BELLEAIR FL**

TITLE **VD** Change Addition
 NAME **Nodine, William E.**

TITLE **AT** Delete
 NAME **ROSS, WILLIAM A III**
 STREET ADDRESS **125 DEVON DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **JONES, STEPHANIE**
 STREET ADDRESS **3040 GRANDVIEW AVE**
 CITY-ST-ZIP **CLEARWATER FL**

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)(l), 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:  **William A. Ross, III**

2/8/00

(727) 712-2762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)