

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90071 029 ****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

Zip

Country

Zip

Country

4. FEI Number

59-2868623

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABON, KATHY S
 1111 MCMULLEN ROAD
 CLEARWATER FL 33759

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 **ED** Delete
 NAME **RABON, KATHY S**
 STREET ADDRESS **107 PARK STREET**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **CD** Change Addition
 NAME **Nodine, William**
 STREET ADDRESS **565 Bayview Drive**
 CITY-ST-ZIP **Belleair, FL 33756**

TITLE **TD** Delete
 NAME **HAMILTON, KENNETH G**
 STREET ADDRESS **200 PALM ISLAND NW**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VD** Change Addition
 NAME **Magidson, Joshua**
 STREET ADDRESS **981 Bay Esplanade**
 CITY-ST-ZIP **Clearwater Beach, FL 33767**

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

TITLE **TD** Change Addition
 NAME **Carlisle, Steve**
 STREET ADDRESS **3 Harborside**
 CITY-ST-ZIP **Belleair, FL 33756**

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 **AS** Change Addition
 NAME **O'Connor, Donna**
 STREET ADDRESS **2044 Nigels Drive**
 CITY-ST-ZIP **Dunedin, FL 34698**

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:

William A. Ross, III
SIGNATURE REQUIRED

William A. Ross, III

4/10/01

(727) 712-2762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)