

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24263

1. Entity Name

PERFORMING ARTS CENTER FOUNDATION, INC.

Principal Place of Business

1111 MCMULLEN ROAD
CLEARWATER FL 33759
US

Mailing Address

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

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

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

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

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

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

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

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Ross, III

4/10/01

(727) 712-2762

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE