

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90181 018 ****61.25

DOCUMENT # N41098

1. Entity Name

BRAVO CENTER FOR THE ARTS, INC.



Principal Place of Business

**7200 US HIGHWAY 19 NORTH
#726
PINELLAS PARK FL 33781
US**

Mailing Address

**% BEA NASIADKA
P.O. BOX 40088
ST PETERSBURG FL 33743
US**

70014383



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3145166**

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

**NASIADKA, BEA
505 36TH STREET S.E., APT. 2
LARGO FL 33771**

**New Address: 11969 Murray Ave
Largo, FL 33778**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bea Nasiadka
Signature, typed or printed name of registered agent and title if applicable.

Bea Nasiadka

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NASIADKA, BEA	
STREET ADDRESS	505 36TH STREET S.E., APT. 2	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEWART, TERESA	
STREET ADDRESS	6555 8TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	MSD	<input type="checkbox"/> Delete
NAME	SIEGEL, ELLEN J	
STREET ADDRESS	4666 8TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOWMAN, SANDRA	
STREET ADDRESS	12328 JULIA STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

New Address only

New Address only

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11969 Murray Ave	
STREET ADDRESS	Largo, FL 33778	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10190-125th Street N.	
STREET ADDRESS	Seminole, FL 33772	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 REQUIRED

Bea Nasiadka

1/21/03