

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43938

1. Entity Name

PINELLAS COUNTY ARTS COUNCIL FOUNDATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90116 005 ****61.25

Principal Place of Business

Mailing Address

**400 PIERCE BLVD
 CLEARWATER FL 33756
 US**

**400 PIERCE
 CLEARWATER FL 33762-2939
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14700 Terminal Blvd

3. Mailing Address

14700 Terminal Blvd.

Suite, Apt. #, etc.
Suite 229

Suite, Apt. #, etc.
Suite 229

City & State

Clearwater Florida

City & State

Clearwater Florida

4. FEI Number

59-3081722

Applied For

Not Applicable

Zip **33762**

Country **USA**

Zip **33762**

Country **USA**

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

**POWERS, JUDITH B.
 400 PIERCE BLVD.
 CLEARWATER FL 33756**

Name

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

14700 Terminal Blvd. Suite 229

City **Clearwater**

FL

Zip Code **33762**

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.

Judith B. Powers

SIGNATURE

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

Judith B. Powers

(NOTE: Registered Agent Signature required when reinstating)

1-5-2000

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	D	<input type="checkbox"/> Delete
NAME	SCHLMAN, DONALD	
STREET ADDRESS	400 PIERCE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, RICHARD R	
STREET ADDRESS	400 PIERCE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAY, AL T.	
STREET ADDRESS	400 PIERCE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWERS, JUDITH	
STREET ADDRESS	400 PIERCE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMES, CEDAR	
STREET ADDRESS	400 PIERCE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, ELIZABETH	
STREET ADDRESS	400 PIERCE	
CITY-ST-ZIP	CLEARWATER FL	

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		
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TITLE		<input 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:

Judith B. Powers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 727-895-6813

Date

Daytime Phone #

CR20007 (06/00)