1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000610 1. Corporation Name

TAMPA BAY ARTS, INC.

Principal Place of Business

3719 SAN LUIS **TAMPA FL 33629** Mailing Address

1222 S. DALE MABRY SUITE 602

TAMPA FL 33629

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90188 042 ****61.25



	ace of Business	2a. Mailing Address	_	3. Date incorporated or Qualifed	Ì	
3000	34TH STREET SOUTH	26 3000 34TH STA	REET SOU			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
::C- <u></u> -⊘	106	27== G-206===		59-2908900	Not Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional	
23 SAINT	PETERSBURG	28 SAINT PETER	SBURG		Fee Required	
Zip	Country		Country	6. Election Campaign Financing	\$5.00 May Be	
337	11 25 PINELLAS	29 33711 30	PINELLA	7-3 Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name	Name WILLIAM G. SCHUMACHER		
WILHELM, CHUCK			82 Street A	32 Street Address (P.O. Box Number is Not Acceptable)		
3719 SAN LUIS ST				3000 34th ST. South Suite C-206		
TAMPA FL 33629			83	83 S		
· L			84 City			
			Sain	it Petersburg FL	33711	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent.						
SIGNATURE WILLIAM G. SCHUMACHER E.O. 2/3/99						
Signature, typed or printed name of registered agent and title if applicables (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	⊠ DELETE	1.1 TITLE	Director	☐ Change 🔀 Addition	
NAME	HOLLAND, MIKE	•	1.2 NAME	Robert-Pope		
STREET ADDRESS		1	1.3 STREET ADDRESS	819-1713 Ave. North		
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	ST. Petersburg FL 3370	4	
TITLE	D	☐ DELETE	2.1 TITLE	Treasurer	Change Addition	
NAME	MILLER, ARTHUR J		2.2 NAME .	Lawrence A-Fischer	_	
STREET ADDRESS			2.3 STREET ADDRESS	REET ADDRESS 8401 90 ST. North Suite P		
CITY-ST-ZIP	TAMPA FL 33613-2978		2. 4 CITY-ST-ZIP	ST. Petersburg FL 3	<u> 3742 </u>	
TITLE	D	⊠ DELETE	3.1 TITLE	D ',	☐ Change ☐ Addition	
NAME	HANSON, PAUL		3.2 NAME	Kathleen Farrell _	}	
STREET ADDRESS	3508 KENSINGTON AVE		3.3 STREET ADDRESS	316 21 ST AVE NE		
CITY-ST-ZIP	TAMPA FL 33629		3.4. CITY-ST-ZIP	sr. Petersburg FL 3370	02	
TITLE	D		4.1 TITLE		☐ Change ☐ Addition	
NAME	BOYD, C.L.		4. 2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · ·	•	4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP			
TITLE	ED			ED	Change Addition	
·		•	52 NAME	WILLIAM G. SCHUMACHER		
NAME	WILHELM, CHUCK		5.3 STREET ADDRESS	ED WILLIAM G. SCHUMACHER 3000 34Th ST. SOUTH S	uite 0.206	
STREET ADDRESS	3719 SAN LUIS	•	5.4 CITY-ST-ZIP	ST. Petersburg FL 337	u	
CITY-ST-ZIP	TAMPA FL 33629		6.1 T/TLE		☐ Change ☐ Addition	
TITLE	D ANDT MARK	25,000.00	6.2 NAME			
NAME #1	BRANDT, MARK		6.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33634		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapged, or oh an attachment with an address, with all other like empowered.

727-577-6072