

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000610

1. Entity Name -

TAMPA BAY ARTS, INC. ✓

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90151 025 \*\*\*\*61.25

Principal Place of Business

3000 34TH ST S  
C 206  
ST PETERSBURG FL 33711

Mailing Address

3000 34TH ST S  
C 206  
ST PETERSBURG FL 33711

2. Principal Place of Business

Suite, Apt. #, etc.

B-204

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

B-204

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2908900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILHELM, CHUCK  
3000 34TH ST S STE C 206  
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Schumacher, William

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

3000 34th St S

Ste B-204

City

St Petersburg

FL

Zip Code

33711

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

*William Schumacher*

*Executive Director*

*7/12/00*

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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, ROBERT	
STREET ADDRESS	819 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, ARTHUR J	
STREET ADDRESS	14505 AUDUBON TRACE #504	
CITY-ST-ZIP	TAMPA FL 33613-2978	
TITLE	T	<input type="checkbox"/> Delete
NAME	FISCHER, LAWRENCE A	
STREET ADDRESS	8401 9TH S N STE P	
CITY-ST-ZIP	ST PETERSBURG FL 33742	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, C.L.	
STREET ADDRESS	PO DRAWER 9448 N/A	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, WILLIAM G	
STREET ADDRESS	3000 34TH ST S STE C-206	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	<i>Wlaugh, Richard</i>	
STREET ADDRESS	<i>3000 34 St S. B204</i>	
CITY-ST-ZIP	<i>St Petersburg, FL 33711</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Boy, Francesca D.</i>	
STREET ADDRESS	<i>3000 34 St S. STE B-204</i>	
CITY-ST-ZIP	<i>St Petersburg, FL 33711</i>	

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 Schumacher*

*7/12/00*

Date

*727-865-9804*

Daytime Phone #

CR2E037 (5/00)