

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

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 042 ****61.25

DOCUMENT # N92000000610

1. Entity Name

TAMPA BAY ARTS, INC.



Principal Place of Business

**3000 34TH ST S
SUITE C-310
ST PETERSBURG FL 33711**

Mailing Address

**3000 34TH ST S
SUITE C-310
ST PETERSBURG FL 33711**

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 **59-2908900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCLERDEN, BRYAN L DR
3000 34TH ST S
SUITE C-310
ST PETERSBURG FL 33711**

*(SPELLING
ERROR
LAST NAME)*

7. Name and Address of New Registered Agent

Name **DR. BRYAN L. MCCLERREN**
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

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 10, 2003, min will be \$236.25

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

| | | | |
|----------------|----|------------------------------|--|
| TITLE | D | POPE, ROBERT | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |
| TITLE | PD | LLOYD, JOHN | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |
| TITLE | D | FISCHER, LAWERENCE A | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |
| TITLE | SD | BOYD, C.L. | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |
| TITLE | VD | WAUGH, RICHARD | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |
| TITLE | D | ZINSLER, JIM | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | SAINT PETERSBURG FL 33711 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|----|------------------------------|--|
| TITLE | TD | JAMES N. PEEBLES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | ST. PETERSBURG, FL 33711 | |
| TITLE | VD | GEORGE REYMAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | ST. PETERSBURG, FL 33711 | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | CHARLES LEIGH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | PD | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | D | LOW BADER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | 3000 34TH STREET SOUTH C-310 | |
| CITY-ST-ZIP | | ST. PETERSBURG, FL 33711 | |

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

8.5.03

(727) 865.9004

CR2E037 (4/03)