

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001420

1. Entity Name

NATIONAL FOUNDATION FOR THE ARTS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90021 022 ****61.25

Principal Place of Business

Mailing Address

424 BEACH DRIVE N.E.
SUITE 103
ST. PETERSBURG FL 33701

424 BEACH DRIVE N.E.
SUITE 103
ST. PETERSBURG FL 33701-3000

2. Principal Place of Business

3. Mailing Address

424 Beach Dr
Suite, Apt. #, etc.

424 Beach Dr
Suite, Apt. #, etc.

Suite 102

suite 102

City & State

City & State

Florida St Petersburg

Florida St. Petersburg

Zip

Country

Zip

Country

33701

US

33701

US

4. FEI Number

65-0525191

Applied For

Not Applicable

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

COFFEY, THERESA L
424 BEACH DRIVE N.E.
SUITE 102
ST. PETERSBURG FL 33701

Name

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

City

1

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.

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

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 DVP ☐ Delete
NAME ZYGMUNT, LISA
STREET ADDRESS 344 SALLY ROAD
CITY-ST-ZIP YARDLY PA 19067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GRAYSON, CASANDRA M
STREET ADDRESS 5001 14TH STREET NE
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME COFFEY, THERESA
STREET ADDRESS 225 5TH AVENUE N.E. #4
CITY-ST-ZIP ST. PETERSBURG FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #