

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002717

1. Entity Name

THE ARTS COUNCIL OF TYRONE, INC.

Principal Place of Business

6421 22ND AVENUE NORTH  
ST PETERSBURG FL 33710

Mailing Address

6421 22ND AVENUE NORTH  
ST PETERSBURG FL 33710

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

NOT APPLICABLE

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

BROWN, MARSHALL L  
2630 QUEEN STREET SOUTH  
ST. PETERSBURGH FL 33712

Name

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.

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 P  
NAME READING, MARGARET S  
STREET ADDRESS 2360 62 STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE S  
NAME LANDIS, NORMA  
STREET ADDRESS 3329 49 STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE T  
NAME TRAUSSCHT, PETER SR  
STREET ADDRESS 6101 33RD AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE D  
NAME CLARK, LINDA  
STREET ADDRESS 6474 28TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE D  
NAME BROWN, MARSHALL L  
STREET ADDRESS 2630 QUEEN STREET NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

PETER TRAUSSCHT SR.

Date

Daytime Phone #

4/23/01 727-539-2489

CR2E037 (10/00)

0061777

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90411 035 \*\*\*\*\*69.00



DO NOT WRITE IN THIS SPACE