FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002717 1. Entity Name THE ARTS COUNCIL OF TYPONE INC.						Apr 30, 2001 8:00 am Secretary of State				
THE AF	rts co	UNCIL OF TYRONE, IN	IC.				04-30-2001	90411 035	5 ****69.	00
Principal Place of Business Mailing Address										
6421 22ND AVENUE NORTH ST PETERSBURG FL 33710			6421 22ND AVENUE NORTH ST PETERSBURG FL 33710				ar .	,		
2. Principal Place of Business			3. Mailing Address		<u></u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State .			City & State		4. FEI Number		NOT APPL	ICABLE		oplied For
Zip		Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Na	me and Address of Current R	legistered Agent	Niemo		7. Name and	Address of New	Registered A	gent	
				Name	.	00 nN		1-3		
Brown, Marshall L 2630 Queen Street South			Street	Address (I	P.O. Box Numbe	r is Not Acceptab	ie) ————			
		H FL 33712								
				City				FL	Zip Cod	e
8. The above	named e	ntity submits this statement for	the purpose of changing its re	egistered office	or register	ed agent, or bot	h, in the state of F	orida.		
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SIGNATURE.										f
	Signature, ty	ped or printed name of registered agent an	nd title if applicable. (NOTE: F	Registered Agent sign	ature required	when reinstating)		DATE		
·	Signature, ty	ped or printed name of registered agent an	nd title if applicable. (NOTE: F	Registered Agent sign	nature required	when reinstating)		DATE		
· 	FIL	ped or printed name of registered agent an E NOW: IS \$61.25	9. Election Campaign F Trust Fund Contributi	inancing	\$5.0	May Be to Fees		e Check Papartment		
10.	FIL	E NOW:	9. Election Campaign F Trust Fund Contributi	inancing	\$5.0 Added	O May Be to Fees		e Check Papartment	of State	
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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 path; 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 FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description

Descript