

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001026**

1. Entity Name

THE STUDIO ARTS CENTER, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 041 ****61.25

Principal Place of Business

114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429

Mailing Address

114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429-4150**80017660**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3291982

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELLIS, TOM
8404 W. RAINBOW OAKS
CRYSTAL RIVER FL 34428

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLIS, TOM
8404 W. RAINBOW OAKS
CRYSTAL RIVER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ELLIS, INGRID
293 S. GRANNY PL
LECANTO FL 34461 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CAMILLERI, CAROL
8790 N. IBERIAN DR.
CITRUS SPRINGS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐TITLE
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☐ Change ☐TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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, as applicable, of this report.

SIGNATURE: