

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N95000001026**

1. Entity Name

**THE STUDIO ARTS CENTER, INC.**

**80017660**



DO NOT WRITE IN THIS SPACE

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		4. FEI Number <b>59-3291982</b>		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>ELLIS, TOM</b> <b>8404 W. RAINBOW OAKS</b> <b>CRYSTAL RIVER FL 34428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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 *Tom Ellis* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	ELLIS, TOM			NAME			
STREET ADDRESS	8404 W. RAINBOW OAKS			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	ELLIS, INGRID			NAME			
STREET ADDRESS	293 S. GRANNY PL			STREET ADDRESS			
CITY-ST-ZIP	LECANTO FL 34461			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	CAMILLERI, CAROL			NAME			
STREET ADDRESS	8790 N. IBERIAN DR.			STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, as applicable, of this report, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Tom Ellis*