

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

0061982

05-11-2001 90102 008 \*\*\*\*\*61.52

**DOCUMENT # N98000006450**

1. Entity Name

**THE FUTURE ARTISTS NETWORK FOR THE PINELLAS COUN**

Principal Place of Business

Mailing Address

C/O GIBBS HIGH SCHOOL  
 850 34TH STREET SOUTH  
 ST. PETERSBURG FL 33705

C/O GIBBS HIGH SCHOOL  
 850 34TH STREET SOUTH  
 ST. PETERSBURG FL 33705

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

FEI 59-3704166

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

**NURMELA, RALPH**  
**C/O GIBBS HIGH SCHOOL**  
**850 34TH STREET SOUTH**  
**ST. PETERSBURG FL 33705**

Name  
**Calhoun, John W., Jr.**

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

**6800 31st Avenue North**

City

**St. Petersburg**

**FL**

Zip Code  
**33710**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ARNEGGER, MARY JANE**  
**6212 FAIRWAY BAY BOULEVARD**  
**GULFPORT FL 33707** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**CALHOUN, JOHN W JR**  
**6800 31ST AVENUE NORTH**  
**ST. PETERSBURG FL 33707** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**NURMELA, RALPH**  
**850 34TH STREET SOUTH**  
**ST. PETERSBURG FL 33705** ☒ 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  
**D**  
**Brown, Gail**  
**734 3rd Avenue South**  
**St. Petersburg, FL 33701** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Calhoun, Lanny O.**  
**6800 31st Avenue North**  
**St. Petersburg, FL 33710** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Volland, Bonnie**  
**17071 Dolphin Drive**  
**North Redington Beach, FL 33708** ☐ 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)(f), 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/2001 727.302.7876**

Date

Daytime Phone #

CR2E037 (10/00)