

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006959

Entity Name:  
OLD SMAR CULTURAL ARTS FOUNDATION, INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State  
02-22-2000 90036 012 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
ST. PETERSBURG DRIVE      402 ST. PETERSBURG DRIVE  
FL 34677      OLDSMAR FL 34677

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      59-3559342      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
THOMAS J  
MAIN STREET  
FL 34698

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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, 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      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees  
Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D	<input type="checkbox"/> Delete MARTIN, CHARLIE C/O TAMPA ELECTRIC CO. P.O. BOX 69 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete WILLIAMS, LINDA C/O STATE FARM INS. 3711 TAMPA RD STE 107 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete WALLACE, DAVID 412 SHORE DR E OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete BEVERLAND, WANDA P.O. BOX 1764 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:      DAVID L. WALLACE, PRESIDENT      1 Feb 2000      799 6464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)