

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90006 037 ****61.25

DOCUMENT # N98000006959

1. Entity Name

OLDSMAR CULTURAL ARTS FOUNDATION, INC.

Principal Place of Business

**402 ST. PETERSBURG DRIVE
 OLDSMAR FL 34677**

Mailing Address

**402 ST. PETERSBURG DRIVE
 OLDSMAR FL 34677**

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

59-3559342

Applied For

Not Applicable

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

**TRASK, THOMAS J
 595 MAIN STREET
 DUNEDIN FL 34698**

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 \$61.25
After September 12, 2001, min. will be \$236.25

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 **D** ☒ Delete
 NAME **MARTIN, CHARLIE**
 STREET ADDRESS **C/O TAMPA ELECTRIC CO. P.O. BOX 69**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Change ☒ Addition
 NAME **SANDLER, JEFF**
 STREET ADDRESS **NATIONAL ORANGE AVENUE**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, LINDA**
 STREET ADDRESS **C/O STATE FARM INS. 3711 TAMPA RD STE. 107**
 CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **D** ☐ Delete
 NAME **WALLACE, DAVID**
 STREET ADDRESS **412 SHORE DR E**
 CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **D** ☒ Delete
 NAME **BEVERLAND, WANDA**
 STREET ADDRESS **P.O. BOX 1764**
 CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)