

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91425 014 ****61.25

DOCUMENT # N99000005794

1. Entity Name

BAY AREA INSTITUTE OF THE ARTS, INC.



Principal Place of Business

**2201 N FLORIDA AVE
TAMPA FL 33602
US**

Mailing Address

**10517 ROCHESTER WAY
TAMPA FL 33626
US**

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 **59-3610401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTRO, NICHOLAS
10517 ROCHESTER WAY
TAMPA FL 33626**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CUTRO, NICHOLAS | |
| STREET ADDRESS | 10517 ROCHESTER WAY | |
| CITY-ST-ZIP | TAMPA FL 33626 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CUTRO, NICHOLAS | |
| STREET ADDRESS | 10517 ROCHESTER WAY | |
| CITY-ST-ZIP | TAMPA FL 33626 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OTIS, JOAN | |
| STREET ADDRESS | 10517 ROCHESTER WAY | |
| CITY-ST-ZIP | TAMPA FL 33626 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DIAZ, CAROLINE | |
| STREET ADDRESS | 3339 HANDY RD. APT 917 | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | Officer / Founder | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cutro, Nicholas | |
| STREET ADDRESS | 2201 N. Florida Ave | |
| CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | Officer / Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Leich, M. Raymond | |
| STREET ADDRESS | 1304 DeSoto Ave #404 | |
| CITY-ST-ZIP | Tampa, FL 33606 | |
| TITLE | Officer / Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Boylan, Theo | |
| STREET ADDRESS | 8819 Glen Lakes Blvd. | |
| CITY-ST-ZIP | St. Petersburg, FL 33702 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas Cutro*

4/29/03 813-221-9448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)