

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733754

1. Entity Name

THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.

Principal Place of Business

1210 E MARTIN LUTHER KING BLVD  
TAMPA FL 33603-4449  
US

Mailing Address

1210 E MARTIN LUTHER KING BLVD  
TAMPA FL 33603-4417  
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

59-1619213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNEY, LOUIS  
2813 WATROUS AVENUE  
TAMPA FL 33629

7. Name and Address of New Registered Agent

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 reissuing)

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	D	TITLE	
NAME	ENGELHARDT, ARLENE <i>Director</i>	NAME	
STREET ADDRESS	14240 NORTH 142ND STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	IACINO, RITA JANE	NAME	
STREET ADDRESS	10107 HOCKORY HOLLOW CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	CITY-ST-ZIP	
TITLE	D	TITLE	Treasurer
NAME	MCCARTER, STEVE <i>Director</i>	NAME	
STREET ADDRESS	18816 CRESCENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33558	CITY-ST-ZIP	
TITLE	2nd Vice President	TITLE	
NAME	Rebecca Harrison Steele <i>Director</i>	NAME	
STREET ADDRESS	5021 San Miguel	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629	CITY-ST-ZIP	
TITLE	1st Vice Pres	TITLE	
NAME	Richard Bittman <i>Director</i>	NAME	
STREET ADDRESS	313 West Haya St	STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33603	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 empowers.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-20-00 813/831-3376

Date



DO NOT WRITE IN THIS SPACE

FILED  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90003 009 \*\*\*\*70.00

CR2007 (9/99)