

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 050 ****61.25

0049325

DOCUMENT # N28573

1. Corporation Name

TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.

Principal Place of Business

400 N TAMPA ST #1060
TAMPA FL 33602
US

Mailing Address

P O BOX 559
P.O. BOX 559
TAMPA FL 33601
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/28/1988

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2948216

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLPH, FRANCES
400 N. ASHLEY DRIVE
SUITE 3400
TAMPA FL 33602

81

Name **Same**

82

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

400 N. Tampa St.

83

Suite 1060

84

City **Tampa**

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Francis J. Rudolph
Signature, typed or printed name of registered agent and title if applicable.

Executive Director
(NOTE: Registered Agent signature required when reinstating)

2/3/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **ZINOBER, PETER**
STREET ADDRESS **201 E. KENNEDY BLD. #1750**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **DS**
HEPPNER, REBEKAH
STREET ADDRESS **3001 N. ROCKY POINT DR. #160**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DV**
BLANK, STACY
STREET ADDRESS **400 NORTH ASHLEY ST., SUITE 2300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE

NAME **VP**
RUTH BARNESKINSOLVING
STREET ADDRESS **P O BOX 3239 N/A**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☐ DELETE

NAME **DT**
MITCHELL, NANCY
STREET ADDRESS **101 E KENNEDY BLVD #2200**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis J. Rudolph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
Date

Daytime Phone #

CIR2E037 (11/98)