

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90123 008 ****61.25

DOCUMENT # N28573

1. Entity Name

TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.

901793



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

400 N TAMPA ST #1080
TAMPA FL 33602
US

P O BOX 559
P.O. BOX 559
TAMPA FL 33601-0559
US

2. Principal Place of Business

400 N. Tampa St

Suite, Apt. #, etc.

1175

City & State

Tampa, FL

Zip

33602

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2948216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Rudolph, Frances

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

400 N. Tampa St

Suite 1175

City

Tampa

FL

Zip Code

33602

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

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, MIKE	
STREET ADDRESS	490 FIRST AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33737-1121	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PAVESE, VINCE	
STREET ADDRESS	11601 ROOSEVELT DR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANK, STACY	
STREET ADDRESS	400 NORTH ASHLEY ST., SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RUTH BARNESKINSOLVING	
STREET ADDRESS	P O BOX 3239 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MITCHELL, NANCY	
STREET ADDRESS	101 E KENNEDY BLVD #2200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Zimmerman	
STREET ADDRESS	101 E. Kennedy Blvd., Ste 101	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madelaine A. Domino	
STREET ADDRESS	400 N. Ashley St./P.O. Box 31590	
CITY-ST-ZIP	Tampa, FL 33631-3590	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Barnes Kinsolving 11/2/00 223-7000

Date

Daytime Phone #

CR2E037 (9/99)