

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 400 N TAMPA ST #1060 TAMPA FL 33602 US	Mailing Address P O BOX 559 P.O. BOX 559 TAMPA FL 33601-0559 US
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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
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4. FEI Number 59-2948216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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: [Blank]	<input type="checkbox"/> Delete

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: Madeline A. Domino	
STREET ADDRESS: 400 N. Ashley St./P.O. Box 31590	
CITY-ST-ZIP: TAMPA, FL 33631-3590	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

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: Ruth Barnes Kinsolving 11/2/00 223-7000

CR2E037 (9/99)