

DOCUMENT # N28573

1. Entity Name

TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90002 033 ****61.25

Principal Place of Business

Mailing Address

400 N TAMPA ST
1175
TAMPA FL 33602
US

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

59-2948216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDOLPH, FRANCES
400 N TAMPA ST
SUITE 1175
TAMPA FL 33602

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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 checked="" 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	DV	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, DAVID	
STREET ADDRESS	101 E. KENNEDY BLVD STE 101	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Reynolds	
STREET ADDRESS	400 N. Tampa St., Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	bv	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jo Pennino	
STREET ADDRESS	702 N Franklin St.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	bv	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed. Cassidy	
STREET ADDRESS	490 First Avenue S.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	bv	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Zimmerman	
STREET ADDRESS	101 E. Kennedy Blvd, Suite 1500	
CITY-ST-ZIP	Tampa, FL 33602	

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: *Francis G. Rudolph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Exec. Director*

1-4-01

Date

(813) 221-2787

Daytime Phone #

CR2E037 (10/00)