2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-11-2002 90119 006 ****61.25

DOCUMENT # N28573

1. Entity Name

TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 N Tampa St	
Suite, Apt. #, etc. 1140	Suite, Apt. #, etc.
City & State Tampa, FL ~~33602~~	City & State
Zip 33602	Country US
	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
~~REDDITH, FRANCES~~ ← delete 400 N TAMPA ST SUITE 1175 TAMPA FL 33602	Name: Melinda N. Chavez Street Address (P.O. Box Number is Not Acceptable): 400 N. Tampa St, Suite 1140 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: Melinda N. Chavez — Executive Director — 1/17/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REYNOLDS, STEPHEN 400 N TAMPA ST STE 2300 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PENNINO, MARY JO 702 N FRANKLIN ST TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~BLANK, STACY~~ 400 NORTH ASHLEY ST., SUITE 2300 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Stacy Blank 400 N. Ashley St, Ste. 2300 Tampa FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CASSIDY, ED 490 FIRST AVE S SAINT PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MITCHELL, NANCY 101 E KENNEDY BLVD #2200 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ZIMMERMAN, DAVID 101 E KENNEDY BLVD STE 1500 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Rebekah Heppner 4803 W. Dryad St Tampa, FL 33629	☐ Change ☒ Addition

CR2E037 (9/01)

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: Melinda N. Chavez SIGNATURE REQUIRED — 1/17/02 — 813-221-2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #