

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35448

1. Entity Name

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90022 004 ****70.00

Principal Place of Business

4950 W. KENNEDY BLVD
SUITE 250
TAMPA FL 33609-1837
US

Mailing Address

4950 W. KENNEDY BLVD
SUITE 250
TAMPA FL 33609-1896
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3001853

Applied For

Not Applied

Zip

Country

Zip

Country

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

BAXTER, GEORGE J
4950 W. KENNEDY BLVD
SUITE 250
TAMPA FL 33609

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

TITLE DC ☒ Delete
NAME WILLIAMS, JERRY
STREET ADDRESS 4950 W KENNEDY BLVD SUITE #250
CITY-ST-ZIP TAMPA FL 33609

TITLE DVC ☐ Delete
NAME BLANCHARD, G ROBERT
STREET ADDRESS 4950 W KENNEDY BLVD SUITE #250
CITY-ST-ZIP TAMPA FL 33609

TITLE DP ☐ Delete
NAME BAXTER, GEORGE J
STREET ADDRESS 4950 W KENNEDY BLVD SUITE #250
CITY-ST-ZIP TAMPA FL 33609

TITLE DT ☐ Delete
NAME GARCIA, JOSEPH
STREET ADDRESS 4950 W KENNEY BLVD SUITE #250
CITY-ST-ZIP TAMPA FL 33609

TITLE DS ☐ Delete
NAME ROMANO, BARBARA
STREET ADDRESS 4950 W KENNEDY BLVD SUITE #250
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☒ Change ☐ Addition
NAME Blanchard, G. Robert
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVC ☒ Change ☐ Addition
NAME Romano, Barbara
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Rebekah Heppner
STREET ADDRESS 4950 W. Kennedy Blvd. Suite #250
CITY-ST-ZIP Tampa, FL 33609

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

Date

Daytime Phone #

REBOKAH HEPPNER 1/14/00 813 282 197