2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Jul 24, 2000 8:00 am Secretary of State **DOCUMENT # N46596** 1. Entity Name DOWNTOWN TAMPA BPW FOUNDATION, INC. 07-24-2000 90011 004 ****61.25 Mailing Address Principal Place of Business 6710 N. RIVER BLVD P.O. BOX 1595 TAMPA FL 33604-6050 DUDIOINO TAMPA FL 33601 3. Mailing Address 2. Principal Place of Business 4707 CHEROKEE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3146899 AMPA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sandra Street Address (P.O. Box Number is Not Acceptable) PINZEL, BONNIE J. 4707 Cherokee 6710 N. RIVER BLVD. **SUITE 2700** Zip Code 336.29 TAMPA FL 33604 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SD ٧D **X** Addition Change Delete TITLE SUZARNE DALTON NAME STRAIT, DELORES NAME 8822 MORAN LANE 210 N TAYLOR RD STREET ADDRESS STREET ADDRESS TAMPA, FL 33635 CITY-ST-ZIP CITY-ST-ZIF SEFFNER FL VD. Delete TITLE D JOANNE BILLINGS ☐ Change Addition TITI F NAME PINZEL, BONNIE J. NAME POBOX 1498 STREET ADDRESS STREET ADDRESS 201 N FRANKLIN ST TAMPA, FL 33601 __ CITY-ST-ZIP . . CITY-ST-ZIP TAMPA FL PD ☐ Delete TITLE EDNA BROYLES ☐ Change D TITLE MAXIE, CINDY NAME NAME 3310 WESTMORELAND DRIVE STREET ADDRESS STREET ADDRESS 3914 ROGERS AVE TAMPA, FL 33618 CITY-ST-7IP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE CLARK, STACY NAME NAME STREET ADDRESS 305 S HYDE PARK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa fl Change ☐ Addition TITI F TITLE TREVILLYAN, JANEEN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 290152-B1-M N/A CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete DT TITLE ☐ Change Addition NAME MULDER, SANDRA NAME 4707 CHEROKEE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 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