

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90011 004 ****61.25

DOCUMENT # N46596

1. Entity Name

DOWNTOWN TAMPA BPW FOUNDATION, INC. ✓

Principal Place of Business

P.O. BOX 1595
 TAMPA FL 33601
 US

Mailing Address

6710 N. RIVER BLVD
 TAMPA FL 33604-6050
 US

2. Principal Place of Business

3. Mailing Address

4707 CHEROKEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip

Country

Zip
33629

Country

US

4. FEI Number

59-3146899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PINZEL, BONNIE J.
6710 N. RIVER BLVD.
SUITE 2700
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Sandra Mulder

Street Address (P.O. Box Number is Not Acceptable)

4707 Cherokee Rd

City

Tampa,

FL

Zip Code

33629

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

Sandra Mulder
 Signature, typed or printed name of registered agent and title if applicable.
Sandra Mulder

(NOTE: Registered Agent signature required when reinstating)

7-17-00

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 **SD** ☐ Delete

NAME **STRAIT, DELORES**
 STREET ADDRESS **210 N TAYLOR RD**
 CITY-ST-ZIP **SEFFNER FL**

TITLE **VD** ☒ Delete

NAME **PINZEL, BONNIE J.**
 STREET ADDRESS **201 N FRANKLIN ST**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete

NAME **MAXIE, CINDY**
 STREET ADDRESS **3914 ROGERS AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Delete

NAME **CLARK, STACY**
 STREET ADDRESS **305 S HYDE PARK AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ Delete

NAME **TREVILLYAN, JANEEN**
 STREET ADDRESS **P.O. BOX 290152-B1-M N/A**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **DT** ☐ Delete

NAME **MULDER, SANDRA**
 STREET ADDRESS **4707 CHEROKEE RD**
 CITY-ST-ZIP **TAMPA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition

NAME **SUZANNE DALTON**
 STREET ADDRESS **8822 MORAN LANE**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **D** ☐ Change ☒ Addition

NAME **JOANNE BILLINGS**
 STREET ADDRESS **PO BOX 1498**
 CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **D** ☐ Change ☒ Addition

NAME **EDNA BROYLES**
 STREET ADDRESS **3310 WESTMORELAND DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sandra Mulder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA MULDER

7-17-00

Date

Daytime Phone #

813-837-6325

FILED 037 10351