

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 035 ****70.00

DOCUMENT #

1. Entity Name

Tampa Development Consortium, Inc.

DO NOT WRITE IN THIS SPACE

663214

2. Principal Place of Business

2402 E. Dr. Martin L. King Blvd.

3. Mailing Address

P.O. Box 11688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3720219

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33680

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ron Zigfield

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

1208 E. Palifox Street

City

Tampa

FL

Zip Code
33603

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D
Zigfield, Ron
1208 E. Palifox St.
Tampa, FL 33603

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V/D
Wiggins, Betty P.
3708 E. McBerry St.
Tampa, FL 33610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S/D
Tokley, Joanna
1405 Tampa Park Plaza
Tampa, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T/D
Jones, Louis
2801 N. 17th St.
Tampa, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Dixon, Willie G.
1331 W. Cass St.
Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Betty P. Wiggins

Betty P. Wiggins

April 26, 2002 (813) 231-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)