

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91500 023 ****70.00

DOCUMENT # N01000002911

1. Entity Name

TAMPA DEVELOPMENT CONSORTIUM, INC.



Principal Place of Business

**2402 E DR MARTIN L. KING BLVD
SUITE 2
TAMPA FL 33610**

Mailing Address

**P.O. BOX 11688
TAMPA FL 33680**

2. Principal Place of Business

**3408 E. PARIS ST.
Suite, Apt. #, etc.**

3. Mailing Address

**3408 E. PARIS ST.
Suite, Apt. #, etc.**

City & State

**TAMPA, FL
Zip 33610 Country USA**

City & State

**TAMPA, FL
Zip 33610 Country USA**

4. FEI Number **59-3720219**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIGFIELD, RON
1208 E. PALFOX ST.
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name **RON ZIGFIELD**

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

3408 E. PARIS ST

City **TAMPA**

FL

Zip Code **33610**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RON ZIGFIELD PRES.**

Ron Zigfield

4-24-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ZIGFIELD, RON**
STREET ADDRESS **1208 E. PALFOX ST.**
CITY-ST-ZIP **TAMPA FL 33603**

☐ Delete

TITLE **VD**
NAME **WIGGINS, BETTY P**
STREET ADDRESS **3708 E. MCBERRY ST.**
CITY-ST-ZIP **TAMPA FL 33610**

☐ Delete

TITLE **SD**
NAME **TOKLEY, JOANNA**
STREET ADDRESS **1405 TAMPA PARK PLAZA**
CITY-ST-ZIP **TAMPA FL 33605**

☐ Delete

TITLE **TD**
NAME **JONES, LOUIS**
STREET ADDRESS **2801 N. 17TH ST.**
CITY-ST-ZIP **TAMPA FL 33605**

☒ Delete

TITLE **D**
NAME **DIXON, WILLIE G**
STREET ADDRESS **1331 W. CASS ST.**
CITY-ST-ZIP **TAMPA FL 33606**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **FAVORITE, JAMES DR.**
STREET ADDRESS **1006 W. CYPRESS ST**
CITY-ST-ZIP **TAMPA, FL 33607**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

Ron Zigfield PRESIDENT 4-24-03 813-294-8298