

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

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

04-28-2003 90157 005 ****70.00

DOCUMENT # N02000001946

1. Entity Name

A BETTER COMMUNITY CONSORTIUM, INC.



Principal Place of Business

**1208 EAST PALIFOX STREET
TAMPA FL 33603**

Mailing Address

**1208 EAST PALIFOX STREET
TAMPA FL 33603**

2. Principal Place of Business

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

3. Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL

Zip
33610

Country

USA

City & State

TAMPA, FL

Zip
33610

Country

USA

4. FEI Number

☒ 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 EAST PALIFOX STREET
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** ☐ Delete
NAME **ZIGFIELD, RON**
STREET ADDRESS **1208 EAST PALIFOX STREET**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **SD** ☐ Delete
NAME **SPEARMAN, BEATRICE**
STREET ADDRESS **418 EMILY STREET**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **VPD** ☐ Delete
NAME **ANDRADE, ROBERTO**
STREET ADDRESS **10105 WEST CEDAR DUNE LANE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **ASD** ☐ Delete
NAME **BONAPARTE, IDANE**
STREET ADDRESS **7430 LAKESHORE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD** ☐ Delete
NAME **FAVORITE, JAMES DR.**
STREET ADDRESS **1006 WEST CYPRESS STREET**
CITY-ST-ZIP **TAMPA FL 33607**

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

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

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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: **RON ZIGFIELD PRES.** **4-24-03 (813) 294-8298**

CR2E037 (10/02)