

2000 UNIFORM BUSINESS REPORT (UBR)

3/28/00-90073-038-\$61.25-\$61.25

DOCUMENT # N04580

1. Entity Name

MAHAFFEY THEATER FOUNDATION AT THE BAYFRONT CENT

FILED

00 APR 10 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

400 1ST STREET SOUTH
ST PETERSBURG FL 33701
US

Mailing Address

400 1ST STREET SOUTH
ST PETERSBURG FL 33701-4346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2446773

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, JAMES
1726 SERPENTINE DR S
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Marcus Greene

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

100 N. Tampa St. Suite 4100

City

Tampa, Fla

FL

Zip Code

33602

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

3/23/00

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	TD	☒ Delete
NAME	KIMBROUGH-WATER, TROY C	
STREET ADDRESS	100 SECOND AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG-FL	
TITLE	PTD	☐ Delete
NAME	GILLESPIE, JAMES R	
STREET ADDRESS	1726 SERPENTINE DR. S.	
CITY-ST-ZIP	ST. PETERSBURG-FL	
TITLE	VP	☐ Delete
NAME	GREENE, MARCUS W	
STREET ADDRESS	SUNTRUST BANK 300 FIRST ST	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	R	☒ Delete
NAME	RUSSELL, CAROL	
STREET ADDRESS	821 SNELL ISLE BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	☐ Delete
NAME	DUPRIE, STEPHEN C	
STREET ADDRESS	365 2ND ST. N.	
CITY-ST-ZIP	TIERRA VONDA FL 33715	
TITLE	VP	☐ Delete
NAME	KRAMER, ROBERT D	
STREET ADDRESS	1215 DINNERBELL LANE EAST	
CITY-ST-ZIP	DUNEDIN FL 34692	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Change ☐ Addition
NAME	Treasurer	
STREET ADDRESS	Robert D. Kramer	
CITY-ST-ZIP	1215 Dinnerbell Lane East Dunedin, Florida 34698	T
TITLE	T	☐ Change ☒ Addition
NAME	Secretary	
STREET ADDRESS	Wanda Hayes-Riddick	
CITY-ST-ZIP	8614 Cobbler Place Tampa, Florida 33615	T
TITLE	T	☒ Change ☐ Addition
NAME	Marcus Greene	
STREET ADDRESS	100 N Tampa St. Suite 4100	
CITY-ST-ZIP	Tampa, Fla 33602	T
TITLE	VP	☐ Change ☒ Addition
NAME	William Heller	
STREET ADDRESS	960 Water Lily Court NE	
CITY-ST-ZIP	St. Petersburg, Florida 33703	T
TITLE	T	☒ Change ☐ Addition
NAME	Past President	
STREET ADDRESS	Carol Russell	
CITY-ST-ZIP	821 Snell Isle Blvd. NE St. Petersburg, Fla. 33704	T
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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2000 (717) 892-5104
Date Daytime Phone #

CR2E037 (9/99)