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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)							ILED		
DOCUMENT # N04580  1. Entity Name					Mar 01, 2001 8:00 am Secretary of State				
MAHAFFEY THEATE	R FOUNDATION A	AT THE BAYFRONT (	CENTER,	INC.			90268 019 **		
Principal Place of Business		Mailing Address							
400 1ST STREET SOUTH ST PETERSBURG FL 3370! US		400 1ST STREET SOUTH ST PETERSBURG FL 33701 US			Z8-V-4-3				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-2446773 Applied For Not Applicable				
Zip	Country	Zip	Country				\$8.75 Ad Fee Requir		
6. Name and	d Address of Current R	egistered Agent —	- Name	01-		Address of New Regis	tered Agent ··	.,	-
-GREENE, MARCUS - 100 NTAMPA ST. SUITE 4100 TAMPA FL 33802				Address (f	P. Box Number Proges	is Not Asceptable) S Plaza	23 <sup>™</sup> F	loor	
IANIFA FL 53002			City	St. F	Petersb	ura	FL Zip Coo	5701	
8. The above named entity sui	bmits this statement for t	ha purpose of changing its r	egistered office						ı
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FILE NOW: 9. Election Campaign F FEE IS \$61.25 Trust Fund Contribut					D May Be to Fees		eck Payable to ment of State		
10.	OFFICERS AND DIRE		11.	A	DDITIONS/CHAP	NGES TO OFFICERS A			<b>≅</b>
NAME KRAMER, RO	BERT D	☐ Deleta	TITLE NAME	`			Change Change	Addition	9,0
CITY-ST-ZP DUNEDIN FL	RBELL LANE EAST 34698		STREET ADDRESS CITY-ST-ZIP					11	E037 (10/00)
TITLE TAYES-RIDDI STREET ADDRESS 8614 COBBL		☐ Delete	TITLE NAME STREET ADDRESS	S			Change	☐ Addition	CR2
TANTATES			MIT-SI-DI			ينهاملا ^ عليميا المد			
NAME GREENE, MA	RCUS	Delete	TITLE	PP			Change	Addition	
	ST. SUITE 4100		STREET ADDRESS CITY-ST-ZIP						
HELLER, WILL		☐ Delete	TITLE	P			Change	☐ Addition	
STREET ADDRESS   960 WATER L	JLY COURT NE	:	NAME Street adoress					1	
TILE TRR	URG FL 33703	<b>√</b> -	CITY-ST-ZIP	P		·			
NAME RUSSELL, CA 621 SHELL IS		Delete	NAME STREET ADDRESS CITY-ST-ZIP	Ste 369	3-27	Dupré St. N.		Addition	
TITLE T- 10		Delete	TITLE	VP I.V		de, Fla. 3		Addition	
NAME KRAMER, ROE STREET ADDRESS 1215 DINNER	Bert o Bell dan <del>e ba</del> st	で p s が、1のなが、1人 	NAME STREET ADDRESS	80		ayes-Riddia bler Place		~	
CITY-ST-ZIP DUNDEDIN FL	34692		CITY-ST-ZIP	T	ampa, s	71 354			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR									