

2002 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # NO4580

1. Entity Name

MAHAFFEY THEATER FOUNDATION AT THE BAYFRONT CENT
ER, INC.

Principal Place of Business

Mailing Address

400 1ST STREET SOUTH
PETERSBURG FL 33701

400 1ST STREET SOUTH
ST PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2446773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

William Heller

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

960 Water Lily Court NE

City

St. Petersburg

FL

Zip Code

33703

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-02

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 NAME STREET ADDRESS CITY-ST-ZIP	T KRAMER, ROBERT D 1215 DINNERBELL LANE EAST DUNEDIN FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES-RIDDICK, WANDA 8614 COBBLER PLACE TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP GREENE, MARCUS 100 N TAMPA ST. SUITE 4100 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELLER, WILLIAM 960 WATER LILY COURT NE ST. PETERSBURG FL 33703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP DUPRE, STEVEN C 365 2ND ST. N. TIERRA VERDE FL 33715	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP HAYES-RIDDICK, WANDA 8614 COBBLER PLACE TAMPA FL 33615	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Greene, Marcus	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lucas, Victor	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Dupre, Steven C	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hayes-Riddick, Wanda	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP Cassidy, Ed.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heller, William	☒ 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.

SIGNATURE:

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

1-19-02

Date

(727) 563-1151

Daytime Phone

21

FILED

Mar 28, 2002 8:00 am
Secretary of State

02-10-2002 90003 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)