

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10532

1. Entity Name

ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90039 045 ****70.00

Principal Place of Business

Mailing Address

1208 E. PALIFOX ST.
 TAMPA FL 33603

1208 E. PALIFOX ST.
 TAMPA FL 33603-4238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2618298

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

7. Name and Address of New Registered Agent

ZIGFIELD, RON
1208 E. PALIFOX ST.
TAMPA FL 33603

Name

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

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NURSE, GERALDINA	
STREET ADDRESS	3701 E. OSBORNE AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYNN, ERNESTINE	
STREET ADDRESS	4202 25TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIGFIELD, RON	
STREET ADDRESS	1208 E. PALIFOX ST.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLAND, BEVERLY	
STREET ADDRESS	1531 W. PATTERSON	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **RON ZIGFIELD, SEC.** 2-2-00 (813) 237-4310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)