

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

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

04-28-2003 91500 024 ****70.00

DOCUMENT # **N10532**

1. Entity Name
ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC



Principal Place of Business Mailing Address
1208 E. PALFOX ST. TAMPA FL 33603

2. Principal Place of Business 3. Mailing Address
3408 E. PARIS ST. TAMPA FL 33603



CHECK HERE IF MAKING CHANGES

City & State Zip Country City & State Zip Country
TAMPA, FL 33610 USA TAMPA, FL 33610 USA

4. FEI Number **59-2618298** 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 E. PALFOX ST.
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 VP** **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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NURSE, CASANOVA 3701 E. OSBORNE AVE. TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS CARLTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1208 W. EXPRESS ST. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNN, ERNESTINE 4202 25TH ST. TAMPA FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, HELEN 6113 N 23RD ST TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ZIGFIELD, RON 1208 E PALFOX ST TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

RON ZIGFIELD - Ron Zigfield **4-24-03** **813 294-8298**