

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90081 045 ****61.25

DOCUMENT # N30568

1. Entity Name

THE JESSE A. SPICOLA FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O DONNA FLOWERS - CYNTHIA SPICOLA
 8703 RIVER FOREST
 TAMPA FL 33604
 US

C/O DONNA FLOWERS
 8703 RIVER FOREST
 TAMPA FL 33604
 US

80007306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11708 CASEY ROAD

3. Mailing Address

C/O CYNTHIA SPICOLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11708 CASEY ROAD

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-2973257

Applied For

Not Applied

Zip
33618

Country
USA

Zip
33618

Country
USA

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

WHEAT, ANTOINETTE
2004 W. BUSCH BLVD
TAMPA FL 33612

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	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, DONNA	
STREET ADDRESS	8703 RIVER FOREST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPICOLA, JOSEPH JR	
STREET ADDRESS	11705 CASEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPICOLA, CYNTHIA	
STREET ADDRESS	11708 CASEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUENTES, LAWRENCE E.	
STREET ADDRESS	1407 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPICOLA, JOSEPH	
STREET ADDRESS	11708 CASEY RD	
CITY-ST-ZIP	TAMPA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11708 CASEY ROAD	
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		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

813-962-6080

Date

Daytime Phone #