


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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90169 024 \*\*\*\*70.00

**DOCUMENT # N30568**  
1. Entity Name  
**THE JESSE A. SPICOLA FOUNDATION, INC.**



Principal Place of Business  
**C/O DONNA FLOWERS  
11708 CASEY RD  
TAMPA, FL 33618 US**

Mailing Address  
**C/O CYNTHIA SPICOLA  
11708 CASEY RD  
TAMPA, FL 33618 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**59-2973257**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WHEAT, ANTOINETTE  
2004 W. BUSCH BLVD  
TAMPA, FL 33612**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

**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

TITLE NAME	D <b>SPICOLA, JOSEPH JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11708 CASEY RD</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>	
TITLE NAME	D <b>SPICOLA, CYNTHIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11708 CASEY RD</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>	
TITLE NAME	D <b>FUENTES, LAWRENCE E.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1407 W. BUSCH BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>	
TITLE NAME	D <b>SPICOLA, JOSEPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11708 CASEY RD</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>Spicola Jonathan</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>11708 Casey Rd.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33624</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cynthia Spicola **Cynthia Spicola** 4/9/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPREC037 (10/02)