

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42262

1. Entity Name

PAUL A. NUZZO MEMORIAL SCHOLARSHIP FUND, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90006 009 \*\*\*\*61.25

Principal Place of Business

324 PLANT AVENUE  
TAMPA FL 33606

Mailing Address

324 PLANT AVENUE  
TAMPA FL 33606

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

59-3058026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HINES, JAMES P.  
315 HYDE PARK AVENUE  
TAMPA FL

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.

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

TITLE PD  
NAME NUZZO, JAMES S.  
STREET ADDRESS 324 PLANT AVE.  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME NUZZO, REGINA L  
STREET ADDRESS 324 PLANT AVE  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE D  
NAME GIUNTA, SAM A.  
STREET ADDRESS 3302 AZEELE ST.  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME TAAFFE, MALCOLM G.  
STREET ADDRESS 60 LADOGA  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME CROWE, THOMAS J.  
STREET ADDRESS 2202 N. WARNELL ST.  
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)