

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90251 013 ****61.25

DOCUMENT # N42262

1. Entity Name
PAUL A. NUZZO MEMORIAL SCHOLARSHIP FUND, INC.



Principal Place of Business

**324 PLANT AVENUE
TAMPA FL 33606**

Mailing Address

**324 PLANT AVENUE
TAMPA FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

523 ERIS AVE

City & State
TAMPA FL

Zip
33606

Country

3. Mailing Address

Suite, Apt. #, etc.

523 ERIS AVE

City & State
TAMPA FL

Zip

33606

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NUZZO, JAMES S.**
STREET ADDRESS **324 PLANT AVE 523 ERIS AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **NUZZO, REGINA L**
STREET ADDRESS **324 PLANT AVE 523 ERIS AVE**
CITY-ST-ZIP **TAMPA FL 33606**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES S. YOUNG JR**
STREET ADDRESS **114 BARRINGTON DR**
CITY-ST-ZIP **BRANDON, FL 33511**

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

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

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

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

TITLE ☐ Change ☐ 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**

4/21/03

813 215-1822

CR2E037 (10/02)