

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

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90083 004 \*\*\*\*61.25

**DOCUMENT # N97000000615**

1. Entity Name

**TAMPA CIGAR HERITAGE FESTIVAL, INC.**



Principal Place of Business

**2009 NORTH 18TH STREET  
TAMPA FL 33605**

Mailing Address

**P.O. BOX 5421  
TAMPA FL 33605**

US

**33675**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2274494**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZIEGLER, SONYA P.  
11505 NORTH GRADY AVE.  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **ZIEGLER, SONYA P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2009 NORTH 18TH STREET**  
City **TAMPA** FL Zip Code **33605**

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

*Sonya P. Ziegler*

(NOTE: Registered Agent signature required when reinstating)

**7-8-03**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HAYA, DANIEL	
STREET ADDRESS	9205 CONNECHUSSETTS ROAD	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GAGGI, PAT	
STREET ADDRESS	6223 SOARING AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ZIEGLER, SONYA	
STREET ADDRESS	11505 NORTH GRADY AVE.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAYMONDO, MICHAEL	
STREET ADDRESS	11210 N. DALE MABRY HWY.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT GAGGI	
STREET ADDRESS	6223 SOARING AVENUE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM CROFTERS	
STREET ADDRESS	9101 EAST KENNEDY BLVD, #2800	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	ZIEGLER, SONYA P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2009 NORTH 18TH STREET	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	SAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM	
STREET ADDRESS	405 N. RUD STREET, #200	
CITY-ST-ZIP	TAMPA, FL 33609	
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**

**7/8/03**

Date

Daytime Phone #

CR2E037 (4/03)