

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90004 001 ****70.00

DOCUMENT # 708704
 1. Entity Name
BUILDERS ASSOCIATION OF GREATER TAMPA, INC.

Principal Place of Business 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609 US	Mailing Address 2918 W. KENNEDY BLVD. STE 201 TAMPA FL 33609-3104 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0735336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NARKIEWICZ, JOSEPH A
2918 W. KENNEDY BLVD
STE 201
TAMPA FL 33609

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: *JOSEPH A NARKIEWICZ*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **5/28/00**

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: SOUTHWARD, MIKE STREET ADDRESS: 3550 BUSHWOOD PARK DR, STE 210 CITY-ST-ZIP: TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: SCIMECA, FRANK STREET ADDRESS: 7402 N. 56TH, STE 890 CITY-ST-ZIP: TAMPA FL 33617	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: SCIMECA, FRANK STREET ADDRESS: 7402 N 56TH ST, STE 890 CITY-ST-ZIP: TAMPA FL 33617	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SHUMARD, TOM STREET ADDRESS: 97 DAVIS BLVD., UNIT B CITY-ST-ZIP: TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: CROCE, BILL STREET ADDRESS: 1926 US HWY 301 N CITY-ST-ZIP: TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: SOUTHWARD, MIKE STREET ADDRESS: 3550 BUSHWOOD PARK DR, STE 210 CITY-ST-ZIP: TAMPA FL 33618	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Shimberg, Scott STREET ADDRESS: 611 West Bay Street CITY-ST-ZIP: Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: Bill Croce STREET ADDRESS: 1926 US HWY 301, N CITY-ST-ZIP: Tampa, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: Riley Tucker STREET ADDRESS: PO Box 637 CITY-ST-ZIP: BRANDON, FL 33509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: Crosthwaite Bill STREET ADDRESS: PO Box 111, PLAZA 5 CITY-ST-ZIP: Tampa, FL 33601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: JOHNSON, RAYMOND STREET ADDRESS: PO Box 2168 CITY-ST-ZIP: BRANDON, FL 33509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Shumard, Tom STREET ADDRESS: 97 Davis Blvd, Unit B CITY-ST-ZIP: Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Joseph A Narkiewicz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 813-873-1000
 Date Daytime Phone #

CR2E037 (9/99)