

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90028 002 \*\*\*\*70.00

**DOCUMENT # 766039**

1. Entity Name

**TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

~~1221 TURNER ST #202~~  
~~PO BOX 5579~~  
~~CLEARWATER FL 33756~~  
 US

~~P.O. BOX 5579~~  
~~P.O. BOX 5579 N/A~~  
 CLEARWATER FL 33756-5579  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2139 NE COACHMAN RD**

**2139 NE COACHMAN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2252762**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33765**

**33765**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, GREGORY E.**  
~~1221 TURNER STREET, SUITE 202~~  
~~CLEARWATER FL 33756~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**2139 NE COACHMAN RD**

City

**FL**

Zip Code

**33765**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	KINNEY, BOB	
STREET ADDRESS	<del>3454 TAMPA RD</del>	
CITY-ST-ZIP	<del>PALM HARBOR FL 34684</del>	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	CAMPAGNA, ROBERT	
STREET ADDRESS	<del>1100 JASPER ST</del>	
CITY-ST-ZIP	<del>LARGO FL 33701</del>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<del>WOODS, VERITA</del>	
STREET ADDRESS	<del>1256 PINE VIEW</del>	
CITY-ST-ZIP	<del>CLEARWATER FL</del>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, KEN	
STREET ADDRESS	<del>2400 E STANCOIA BLVD</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33761</del>	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, GREGORY E	
STREET ADDRESS	<del>1221 TURNER ST #202</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33756</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VITALE, CARRIE	
STREET ADDRESS	<del>1221 TURNER ST #202</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33756</del>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	<b>3474 TAMPA RD.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	<b>10675 - 66TH STREET NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>Ms. FATE, JOSEPH R.</b>	
STREET ADDRESS	<b>1749 STARBUCK DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>JONES, DAVID E.</b>	
STREET ADDRESS	<b>2515 COUNTRYSIDE BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 34623</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	<b>2139 NE COACHMAN RD</b>	
CITY-ST-ZIP		<b>33765</b>
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	<b>2139 NE COACHMAN RD</b>	
CITY-ST-ZIP		<b>33765</b>

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:

**GREGORY E. SCHWARTZ** 1/20/00 (20) 4427075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #