

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90083 046 ****61.25

DOCUMENT # 766609

1. Entity Name

TAMPA BAY BUSINESS GUILD, INC.

Principal Place of Business

1222 S. DALE MABRY
 #656
 TAMPA FL 33604-7048
 US

Mailing Address

1222 S. DALE MABRY
 #656
 TAMPA FL 33627
 US

C0009504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2902602

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

7. Name and Address of New Registered Agent

DUFOUR, GEORGE A
4610 CENTRAL AVE
TAMPA FL 33603

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DV** Delete
 NAME: **ALFONSO, SUZETTE M**
 STREET ADDRESS: **305 S BREVARD AVE SUITE 1**
 CITY-ST-ZIP: **TAMPA FL 33606**

TITLE: **DV** Change Addition
 NAME: **Kiceina, Donald J**
 STREET ADDRESS: **201 W. Laurel ST # 407**
 CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **DT** Delete
 NAME: **HENRIKSON, DAN R**
 STREET ADDRESS: **201 W LAUREL ST #912**
 CITY-ST-ZIP: **TAMPA FL 33602**

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

TITLE: **DS** Delete
 NAME: **HALL, RAND**
 STREET ADDRESS: **PO BOX 2650**
 CITY-ST-ZIP: **BRANDON FL 33509-2650**

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

TITLE: **DP** Delete
 NAME: **GUNTER, BUD**
 STREET ADDRESS: **3737 NEPTUNE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **DP** Change Addition
 NAME: **BARRY, SCOTT**
 STREET ADDRESS: **4343 W. Henderson Blvd.**
 CITY-ST-ZIP: **Tampa, FL 33629**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 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 I am empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01 (813) 275-5010
 Date Daytime Phone #

CR2E037 (10/00)