

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0041143

DOCUMENT # 766609

03-06-2002 90069 046 ****61.25

1. Entity Name

TAMPA BAY BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

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

1222 S. DALE MABRY
 #656
 TAMPA FL 33627
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2902602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	KICEINA, DONALD	
STREET ADDRESS	201 W. LAUREL ST #407	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENRIKSON, DAN R	
STREET ADDRESS	201 W LAUREL ST #912	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HALL, RAND	
STREET ADDRESS	PO BOX 2650	
CITY-ST-ZIP	BRANDON FL 33509-2650	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARRY, SCOTT	
STREET ADDRESS	4343 W. HENDERSON BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Feist	
STREET ADDRESS	P.O. Box 15738	
CITY-ST-ZIP	TAMPA, FL 33684	
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: *Dan R. Henrikson* - DAN R. Henrikson - Treasurer - 2/20/02 (813) 275-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)