## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED DOCUMENT # N34333** May 24, 2000 8:00 am Secretary of State THE TAMPA BAY HISTORY CENTER, INC. 05-24-2000 90049 026 \*\*\*\*70.00 Principal Place of Business Mailing Address 225 S. FRANKLIN ST P O BOX 948 TAMPA FL 33601-0948 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3058652 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBBINS, R. JAMES, JR. 101 EAST KENNEDY BLVD. **SUITE 3700** Zip Code FL TAMPA FL 33602 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE.IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☑ Delete VPT Addition TITLE TITLE ☐ Change Ramil, John R NAME NAME THOMAS, TOUCHTON J STREET ADDRESS STREET ADDRESS 702 N. Franklin Street 3405 1 TAMPA CITY CENTER CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition **VPT** ☐ Delete TITLE TITLE HOWELL, GEORGE B III NAME NAME STREET ADDRESS STREET ADDRESS 5105 S NICHOLAS ST CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL ☐ Addition TITLE ST ☐ Delete TITLE ☐ Change NAME SKEMP, NANCY NAME 3113 WAVERLY PARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL TITLE DE ☐ Delete TITLE ☐ Change Addition DUNHAM, ELIZABETH L NAME NAME STREET ADDRESS STREET ADDRESS 1411 LULIE LAGOON CITY-ST-ZIP CITY-ST-ZIP LUTZ FL TITLE ☐ Delete Change ☐ Addition NAME BLOUNT, MICHAEL H STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD STE 2200 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ED ☐ Delete TITLE Change ☐ Addition TITLE NAME GRUETZMACHER, MARK NAME STREET ADDRESS STREET ADDRESS 3314 ELIZABETH CT CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** 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

Date

Daytime Phone #