

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90073 043 ****70.00

DOCUMENT # N34333

1. Entity Name
THE TAMPA BAY HISTORY CENTER, INC.



Principal Place of Business

**225 S. FRANKLIN ST
TAMPA FL 33602
US**

Mailing Address

**P O BOX 948
TAMPA FL 33601
US**

30043307



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3058652**

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

**ROBBINS, R. JAMES, JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VT** ☐ Delete
NAME **KING, GUY III**
STREET ADDRESS **2904 BAYSHORE CT W**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **PT** ☐ Delete
NAME **HOWELL, GEORGE B III**
STREET ADDRESS **5105 S NICHOLAS ST**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **ST** ☒ Delete
NAME **SKEMP, NANCY**
STREET ADDRESS **3113 WAVERLY PARK**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ Change ☒ Addition
NAME **Frank R. North**
STREET ADDRESS **1306 West Kennedy Blvd**
CITY-ST-ZIP **Tampa, FL 33606-1948**

TITLE **DE** ☐ Delete
NAME **DUNHAM, ELIZABETH L**
STREET ADDRESS **1411 LULIE LAGOON**
CITY-ST-ZIP **LUTZ FL**

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

TITLE **TT** ☒ Delete
NAME **BLOUNT, MICHAEL H**
STREET ADDRESS **101 E KENNEDY BLVD STE 2200**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TT** ☐ Change ☒ Addition
NAME **Richard D Flemings**
STREET ADDRESS **3621 Berger Road**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE **ED** ☒ Delete
NAME **GRUETZMACHER, MARK**
STREET ADDRESS **3314 ELIZABETH CT**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **P** ☐ Change ☒ Addition
NAME **Robert S. Blount, III**
STREET ADDRESS **5903 Bayshore Boulevard #1314**
CITY-ST-ZIP **Tampa, FL 33601-1314**

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:

Signature Required

2/10/03

CR2E037 (10/02)