

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90008 033 \*\*\*\*70.00

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1. Corporation Name

AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCA  
L 427-721, INC.

Principal Place of Business

5175 ULMERTON ROAD  
STE. A  
CLEARWATER FL 33760  
US

Mailing Address

P.O. BOX 12333  
ST. PETERSBURG FL 33733  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Ste. A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33760

25

29

30

3. Date Incorporated or Qualified

03/09/1990

4. FEI Number

59-0371362

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR PAUL R.  
4388-50TH PLACE SOUTH  
ST. PETERSBURG FL 33711

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME SIEBERN, ROBERT  
STREET ADDRESS 9938 39TH WAY  
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS Menendez, Frank  
1.4 CITY-ST-ZIP 17600 Brown Rd.  
Odessa, FL 33556

TITLE D ☐ DELETE  
NAME BAWEL, KARL  
STREET ADDRESS 2649 PEACHTREE CIR E  
CITY-ST-ZIP CLEARWATER FL 33761

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Thomas, Alan  
2.4 CITY-ST-ZIP 5306 Central Ave  
Tampa, FL 33603

TITLE D ☐ DELETE  
NAME JENNINGS, VANCE  
STREET ADDRESS 6226 SOARING AVE  
CITY-ST-ZIP TAMPA FL 33617

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Vinas Robert  
3.4 CITY-ST-ZIP 5230 72nd Ave N.  
Pinellas Park, FL 33781

TITLE PD ☐ DELETE  
NAME RICE, CHARLES A.  
STREET ADDRESS 11780 110TH TER N.  
CITY-ST-ZIP LARGO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HENDERSON, JOHN  
STREET ADDRESS 2322 INDIGO DR  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME O'CONNOR, PAUL R  
STREET ADDRESS 4388 50TH PL S.  
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Paul R O'Connor 1/4/99 (727) 572-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (1/98)