

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-19-2001 90168 026 ****61.25

DOCUMENT # N39433

1. Entity Name

THE TAMPA BAY ADVERTISING FEDERATION, INC.

Principal Place of Business

11812-A N 56TH ST
TAMPA FL 33617
US

Mailing Address

11812-A N 56TH ST
TAMPA FL 33617
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3072029

Applied For

Not Applicable

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

JEFFCOAT, SARAH
11812-A N 56TH STREET
TAMPA FL 33617

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

Sarah Jeffcoat

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

(NOTE: Registered Agent signature required when reinstating)

1/2/01

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

TITLE **D** ☒ Delete
NAME **CRISCENZO, JEENI**
STREET ADDRESS **3077 CASA DEL SOL SUITE 201**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **D** ☒ Delete
NAME **NEREIM, KENT**
STREET ADDRESS **15351 ROOSEVELT BLVD**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **D** ☒ Delete
NAME **GREER, GARY**
STREET ADDRESS **1003 LAKE RIDGE DR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **T** ☐ Delete
NAME **NEDLER, NAN**
STREET ADDRESS **4405 SUMMER OAK DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD** ☐ Delete
NAME **HOMA, DIANE**
STREET ADDRESS **12487 62ND ST N, #103**
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Mark Schmidt**
STREET ADDRESS **5912 W Sitka St.**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **MD** ☐ Change ☒ Addition
NAME **Marc Sutherland**
STREET ADDRESS **1433 Gulf-to-Bay Blvd. Ste F**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **M** ☐ Change ☒ Addition
NAME **Sarah Jeffcoat**
STREET ADDRESS **11812-A N 56th St.**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **SD** ☒ Change ☐ Addition
NAME **Nan Nadler**
STREET ADDRESS **4405 Summer Oak Dr**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Sarah Jeffcoat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

DATE

813-988-0737

Daytime Phone #

CR2E037 (10/00)