

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41355

1. Entity Name

TAMPA BAY TREASURY MANAGEMENT ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90036 042 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 21525
TAMPA FL 33622
US

P.O. BOX 21525
TAMPA FL 33622-1525
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

59-2417950

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

SKIPPER, DEBRA
360 CENTRAL AVENUE
SAINT PETERSBURG FL 33701

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 DP ☒ Delete
NAME MORRIS, ROBERT
STREET ADDRESS 1501 72ND ST. N.
CITY-ST-ZIP SAINT PETERSBURG FL 33710

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

TITLE DS ☐ Delete
NAME SKIPPER, DEBRA
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE DV ☐ Delete
NAME DESTACIO, GERALDINE
STREET ADDRESS 201 E. KENNEDY BLVD. #1800
CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ Change ☐ Addition
NAME De Stasio, Geraldine
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME HACKNEY, CAROL
STREET ADDRESS 5350 TECH DATA DRIVE
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE DT ☐ Delete
NAME WHITAKER, RONALD
STREET ADDRESS 200 CAMLLON PARKWAY
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 880 Carillon Parkway, T-II, Floor 3
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME WRIGHT, DEBORAH
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)