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

DOCUMENT # N41355

1. Entity Name



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90387 049 ****61.25

TAMPA BA	IT THEASURY MANAGEMEN	IT ASSUCIATION, INC.	.					
Principal Place of Business P.O. BOX 21525 TAMPA FL 33622 US		Mailing Address P.O. BOX 21525 TAMPA FL 33622 US				OL NIGOR MINT BUIN ON FRONT	1480 BERN BERN BIN	III a k a n iaa
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt.	‡, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		•	4. FEI Number 59-3072469 Applied For Not Applicable			
Zip	Country Zip		Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Registere	d Agent	
880 CARIL SUITE 120	r, ronald d Lou PKWY.		Name BAUMER, JR., RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. 19 North, Suite 305					
SAINT FEI	IERODONA FL 337 10			City C/	ear water	F	L Zip Cod	76/
signature	named entity submits this statement for soft egistered agent. Signature, typed or printed name of registered agent. SILE NOW: FEE IS \$61.25	auma, S.	: Registered A	gent signature require		4~ 20 DATE	6-03	to
. 10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN) 10
	DS OF FIGURE	Detete	TITLE	OP			Change	☐ Addition 8
	BUSBY, LINDA NAM			HE	PP, HEATHE	R]
				ADDRESS 401	EAST FACK	SOM STREET		2
				r-ZIP TA	MPA.EL	33602		[
TITLE NAME STREET ADDRESS	DV PARDON, WILLIAM NAI DAVIS ISLAND				I DKANDON, FL 33311			
TITLE NAME STREET ADDRESS	DT WHITAKER, RONALD 880 CARILLON PKWYSUITE 12 TAMPA FL 33606	⊠ Delete	TITLE NAME	DT RIC	HARD A. SSO U.S. 19 EARWATEI	BAUMER, = NORTH R, FL 3376	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST	ADDRESS I-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1- ZIP	-		☐ Change	Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS I-ZIP			☐ Change	☐ Addition
indicated of the corp	ertify that the information supplied with on this report or supplemental report is portion or the receiver or trustee empor on an attachment with an address,	s true and accurate and that mo	ny signatur as required	e shall have the d by Chapter 61	same legal effect as it 7. Florida Statutes: and	f made under oath; that d that my name appear:	I am an officer	or director

MADIRECTOR & TREASURER 4-16-03 717-741-21 49455