

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90231 003 ****61.25

DOCUMENT # N50264

1. Entity Name

TAMPA BAY COMMUNITY REINVESTMENT CORPORATION

Principal Place of Business

2002 N LOIS AVENUE
 SUITE #150
 TAMPA FL 33607
 US

Mailing Address

2002 N LOIS AVENUE
 SUITE #150
 TAMPA FL 33607-2366
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3138324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, CARY	
STREET ADDRESS	13535 FEATHER SOUND DR, STE #160	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	P	<input type="checkbox"/> Delete
NAME	REYES, DEBRA S.	
STREET ADDRESS	2002 N LOIS AVE, STE #150	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, FRANK	
STREET ADDRESS	28050 US HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BOYLE, SCOTT	
STREET ADDRESS	6100 4TH STREET NORHT	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TATREAU, KEVIN L	
STREET ADDRESS	400 N ASHLEY DR, 2ND FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN	
STREET ADDRESS	4400 N ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sean Davis		
STREET ADDRESS	13535 Feather Sound Dr, Ste 160		
CITY-ST-ZIP	Clearwater FL 33762		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bruce Williams		
STREET ADDRESS	401 E Jackson St, 10th Floor		
CITY-ST-ZIP	Tampa FL 33602		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Douglas J. McCree		
STREET ADDRESS	400 N. Ashley Drive, 2nd Floor		
CITY-ST-ZIP	Tampa FL 33602		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	2028 East 7th Street Avenue		
CITY-ST-ZIP	Tampa FL 33605		

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:

JOHN MARSHALL PRESIDENT 4/28/00 813-639-0290
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)