

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15409** (8)

1. Corporation Name

TAMPA DOWNTOWN PARTNERSHIP, INC.



Principal Place of Business	Mailing Address
ONE TAMPA CITY CENTER SUITE 1724 TAMPA FL 33602 US	PO BOX 2387 TAMPA FL 33601-2387 US

3. Date Incorporated or Qualified

06/13/1986

4. FEI Number

59-2688074

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLOAR, JAMES A.
ONE TAMPA CITY CENTER
SUITE 1724
TAMPA FL 33602**

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

James A. Cloar
Signature of registered agent or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/98

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BUTCHER, JACK	
STREET ADDRESS	202 S PARKER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	SHOULTZ, LARRY W	
STREET ADDRESS	400 N ASHLEY ST #2800	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LACKMAN, JR. G E.	
STREET ADDRESS	100 S. ASHLEY, #1000	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOAR, JAMES A	
STREET ADDRESS	501 E. KENNEDY BLVD., #600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shultz, Larry W.	
1.3 STREET ADDRESS	400 N. Ashley St, #2800	
1.4 CITY-ST-ZIP	Tampa, FL 33602	
2.1 TITLE	VDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, Richard E	
2.3 STREET ADDRESS	400 N. Tampa St, #1050	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address

SIGNATURE:

James A. Cloar
Signature and typed or printed name of signing officer or director

2/3/98 8:13/231-3686

CR2E037 (10/97)