

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004018

1. Entity Name

GULF COAST CHAPTER OF THE ASSOCIATION FOR INFORM

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-15-2000 90003 047 ****61.25

Principal Place of Business

POST OFFICE BOX 26153
TAMPA FL 33623-6153

Mailing Address

POST OFFICE BOX 26153
TAMPA FL 33623-6153

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

NOT APPLICABLE

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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
After September 13, 2000 min. will be \$236.25

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 D
NAME AYOUN, STEVE - Director ☐ Delete
STREET ADDRESS PO BOX 320
CITY-ST-ZIP SAFETY HARBOR FL 34895

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1200 W CASS ST
CITY-ST-ZIP TAMPA, FL 33606

TITLE VPD
NAME LUND, ANDREW D - Director ☐ Delete
STREET ADDRESS 5909 G HAMPTON OAKS PARKWAY
CITY-ST-ZIP TAMPA FL 33610

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

TITLE PD
NAME LANE, GREIS - DIRECTOR ☐ Delete
STREET ADDRESS 6206 BENJAMIN ROAD SUITE 301
CITY-ST-ZIP TAMPA FL 33634

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS CREIG LANE - DIRECTOR
CITY-ST-ZIP 28030 US 19N. SUITE 203
C/O G WATSON, FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-2000 813-255-5444

CR2E037 (5/00)