

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708263

1. Entity Name

THE TAMPA DEPARTMENT CONVENTION CORPORATION THE *

Principal Place of Business

17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA FL 33556

Mailing Address

17702 SIMMS ROAD
C/O HENRY J BINDER
ODESSA FL 33556

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

59-6162434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BINDER, HENRY J.
17702 SIMMS RD.
ODESSA FL 33556

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 PD ☐ Delete
NAME TAYLOR JR, J G
STREET ADDRESS 1400 W FLETCHER AVE
CITY-ST-ZIP TAMPA, FL 00000

TITLE T ☐ Delete
NAME BINDER, HENRY J
STREET ADDRESS 17702 SIMMS ROAD
CITY-ST-ZIP ODESSA, FL 33556

TITLE D ☐ Delete
NAME CHIPMAN, VIOLA J.
STREET ADDRESS 10814 N. EDISON AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME PROFFIETT, EDWARD A.
STREET ADDRESS 5119 MURRAY HILL DR
CITY-ST-ZIP TAMPA FL

TITLE S ☐ Delete
NAME DE LONG, DAVID
STREET ADDRESS 4711 EL PRADO BLVD.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME HALL, DANIEL W. JR.
STREET ADDRESS 3914 OKLAHOMA AVE
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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.

Henry J. Binder, Treasurer

SIGNATURE: *Henry J. Binder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001 813 920-6200

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90052 024 *****61.25

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DO NOT WRITE IN THIS SPACE

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