


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90013 041 ****61.25

DOCUMENT # N15409	
1. Entity Name TAMPA DOWNTOWN PARTNERSHIP, INC.	

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

54032410



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2688074	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
BURTICK, CHRISTINE ONE TAMPA CITY CENTER STE 1724 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VCD	<input type="checkbox"/> Delete	TITLE Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIMBERG, JAMES H. JR.		NAME	
STREET ADDRESS 100 S ASHLEY #1000		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP	
TITLE CD	<input checked="" type="checkbox"/> Delete	TITLE Chair Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FLOWERS, HAL C		NAME Raymond Sandelli	
STREET ADDRESS 100 N TAMPA ST # 2030		STREET ADDRESS 201 E. Kennedy Blvd # 1500	
CITY-ST-ZIP TAMPA, FL 336025842		CITY-ST-ZIP TAMPA, FL 33602	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOBBINS, FRED D		NAME	
STREET ADDRESS 401 E JACKSON ST, 2000		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURDICK, CHRISTINE M		NAME	
STREET ADDRESS 201 NORTH FRANKLIN # 1724		STREET ADDRESS 201 N. Franklin # 1724	
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Christine M Burdick **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #