

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493400

1. Entity Name

DE LA PARTE, GILBERT & BALES, PROFESSIONAL ASSOC

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90083 034 ***150.00

Principal Place of Business

Mailing Address

**ONE TAMPA CITY CENTER
SUITE 2300
TAMPA FL 33602
US**

**POST OFFICE BOX 2350
TAMPA FL 33601-2350
US**

2. Principal Place of Business

101 E. Kennedy Boulevard

3. Mailing Address

Suite, Apt. #, etc.
Suite 3400

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

4. FEI Number **59-1637031**

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

Country

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

**DE LA PARTE, L DAVID
101 E. KENNEDY BLVD., STE. 3400
TAMPA FL 33602**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DE LA PARTE, EDWARD P JR**
CITY-ST-ZIP **15802 DAWSON RIDGE DR
TAMPA FL**

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

TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **GILBERT, RICHARD.**
CITY-ST-ZIP **3317 W. GRANADA
TAMPA, FL 0**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BALES, JOHN CALHOUN**
CITY-ST-ZIP **502 LUCERNE AVENUE
TAMPA FL**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **DE LA PARTE, LOUIS DAVID**
CITY-ST-ZIP **3019 VILLA ROSA PARK
TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **McNamara, Patrick J.**
CITY-ST-ZIP **5803 Gordon Avenue
Tampa, Florida 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Caldevilla, David M.**
CITY-ST-ZIP **9734 N. Armenia Avenue
Tampa, Florida 33612**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1/5/00

(813) 229-2775

Date

Daytime Phone #