

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

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DOCUMENT # 704319

1. Entity Name

NORTH TAMPA CHAMBER OF COMMERCE, INC.

03-04-2002 90006 040 ****61.25

Principal Place of Business 3333 EAST BUSCH BOULEVARD TAMPA FL 33612	Mailing Address 3333 EAST BUSCH BOULEVARD TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3333 East Busch Blvd.	3. Mailing Address 3333 East Busch Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, Fla.	City & State Tampa, Fla.	4. FEI Number 59-0973498	Applied For Not Applicable
Zip 33612	Country Hills.	Zip 33612	Country Hills.

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

6. Name and Address of Current Registered Agent SIEGEL, LAWRENCE 3333 EAST BUSCH BLVD. TAMPA FL 33612		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D FLOWERS, CYNTHIA STREET ADDRESS 5321 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input checked="" type="checkbox"/> Delete	TITLE S Scott Selvaggi STREET ADDRESS 3705 Spectrum Blvd. CITY-ST-ZIP Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D FUTCH, CHARLES STREET ADDRESS 3333 EAST BUSH BLVD. CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD FERNANDEZ, STEPHANIE STREET ADDRESS 10013 N. FLORIDA AVE CITY-ST-ZIP TAMPA FL 33612	<input checked="" type="checkbox"/> Delete	TITLE D Kim Estrada, Tampa, Fla. 33612 STREET ADDRESS 3650 Spectrum Blvd. Suite 100 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D RIGGS, TONI STREET ADDRESS 3333 EAST BUSH BLVD. CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE D -Betty Reed STREET ADDRESS 2410 East Busch Blvd. CITY-ST-ZIP Tampa, Fla. 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D DAVIES, JERRY STREET ADDRESS PO BOX 270632 CITY-ST-ZIP TAMPA FL 33688	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D MADOCK, DAN STREET ADDRESS 326 WEST BEARSS AVE #A CITY-ST-ZIP TAMPA FL 33613	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jerry Davies 2-15-02 813-269-2091

CRZE037 (9/01)