

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90052 024 *****61.25

007154

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

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

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

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

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

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

CR2E037 (10/00)