

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715004

1. Entity Name

INSTRUMENT SOCIETY OF AMERICA TAMPA BAY SECTION.

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

09-18-2000 90036 023 ****61.25

Principal Place of Business

Mailing Address

TAMPA BAY SECTION

215 W. GRAND CENTRAL #317

TAMPA FL 33616

TAMPA BAY SECTION

215 W. GRAND CENTRAL #317

TAMPA FL 33616

P.O. Box 773

33675-2396



DO NOT WRITE IN THIS SPACE

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

59-2060205

Applied For

Not Applicable

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

COLLETT, LINDA
 1330 RUSTLING OAKS DR
 BRANDON FL 33510

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD COLLETT, LINDA
 STREET ADDRESS 1330 RUSTLING OAKS DR
 CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Change ☐ Addition
 NAME PD Huereca, Mike
 STREET ADDRESS 5805-E Breckenridge Pkwy
 CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Delete
 NAME SD HERNDON, TERRI
 STREET ADDRESS 3214 QUEEN PALM DR
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
 NAME SD Donna Sonenberg
 STREET ADDRESS 5805-E Breckenridge Pkwy.
 CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Delete
 NAME VD HUERECA, MIKE
 STREET ADDRESS 5805-E BRECKENRIDGE PKWY
 CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
 NAME JD Charles Drane
 STREET ADDRESS 9118 Otter Pass
 CITY-ST-ZIP Tampa, FL 33626

TITLE ☐ Delete
 NAME D QUIRK, JOHN M
 STREET ADDRESS 520 W OAK DR
 CITY-ST-ZIP LAKELAND FL 33803

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

TITLE ☐ Delete
 NAME T QUINN, PAUL JR.
 STREET ADDRESS 309 N HOWARD AVE
 CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
 NAME D CUDDY, HOWARD
 STREET ADDRESS P.O. BOX 825 N/A
 CITY-ST-ZIP SEFFNER FL 33584-0625

TITLE ☐ Change ☐ Addition
 NAME Linda Collett
 STREET ADDRESS 1330 Rustling Oaks Dr.
 CITY-ST-ZIP Brandon, FL 33510

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00

Date

Daytime Phone #

CR2E037 (5/00)