

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90156 009 \*\*\*\*\*61.25

DOCUMENT # 721041

1. Entity Name

TAMPA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

245 S. HYDE PARK AVENUE  
TAMPA FL 33606245 S. HYDE PARK AVENUE  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1652496

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

PIZZO, PAUL  
501 E KENNEDY BLVD  
SUITE 1700  
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, 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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARY	
STREET ADDRESS	802 S EDISON	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CARDINA, CLAIRE	
STREET ADDRESS	14024 TROUVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNHAM, ELIZABETH	
STREET ADDRESS	1411 JULIE LAGOON	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	P	<input type="checkbox"/> Delete
NAME	PIZZO, PAUL	
STREET ADDRESS	501 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL GERRELL	
STREET ADDRESS	P.O. BOX 236	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDINA, CLAIRE	
STREET ADDRESS	14024 TROUVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

813.228-7411

Daytime Phone #

CR2E037 (9/01)