

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90105 016 \*\*\*\*61.25

**DOCUMENT # 721041**

1. Entity Name

**TAMPA HISTORICAL SOCIETY, INC.**



Principal Place of Business

**245 S. HYDE PARK AVENUE  
TAMPA FL 33608**

Mailing Address

**245 S. HYDE PARK AVENUE  
TAMPA FL 33608**

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 **59-1652496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PIZZO, PAUL  
501 E KENNEDY BLVD  
SUITE 1700  
TAMPA FL 33602**

Name

**WILLIAM KNIGHT**

Street Address (P.O. Box Number is Not Acceptable)

**633 N. Franklin St., Ste 725**

City

**Tampa**

**FL**

Zip Code  
**33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/14/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPO** ☒ Delete  
NAME **GERRELL, BILL**  
STREET ADDRESS **PO BOX 236**  
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **SO** ☐ Delete  
NAME **CARDINA, CLAIRE**  
STREET ADDRESS **10424 TROUVILLE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD** ☐ Delete  
NAME **DUNHAM, ELIZABETH**  
STREET ADDRESS **1411 JULIE LAGOON**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P** ☒ Delete  
NAME **PIZZO, PAUL**  
STREET ADDRESS **501 E KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **HON. E.J. SALCINES, JUDGE**  
STREET ADDRESS **801 E. TWILGGS ST., STE. 600**  
CITY-ST-ZIP **TAMPA FL 33602-3547**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLIAM KNIGHT**  
STREET ADDRESS **633 N. FRANKLIN ST., STE 725**  
CITY-ST-ZIP **TAMPA FL 33602**

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

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.

SIGNATURE:

*[Signature]* **WILLIAM A. KNIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**

Date

**813.221.6663**

Daytime Phone #

CR2E037 (10/02)