

2004 NOT-FOR-PROFIT CORPORATION- ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 031 ****61.25

DOCUMENT # 726066

1. Entity Name

FLORIDA COUNCIL OF INTERNATIONAL DEVELOPMENT,
INC.



Principal Place of Business

1101 CHANNELSIDE DRIVE
SUITE 252 231
TAMPA FL 33602
US

Mailing Address

1101 CHANNELSIDE DRIVE
SUITE 252 231
TAMPA FL 33602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 231

Suite, Apt. #, etc.

Suite 231

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1647799

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

TONER, STEPHEN J
1101 CHANNELSIDE DRIVE, STE. 231
TAMPA FL 33602

Name

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

Suite 231

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

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
Due By May 1, 2004

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	D	OK
NAME	LANDY, BURTON A	
STREET ADDRESS	ONE S.E. 3RD. AVE, #2800	
CITY-ST-ZIP	MIAMI FL 33134-1704	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MOORE, GEORGE C	
STREET ADDRESS	105 S. NARCISSUS AVE., #812	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D VC	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT L	
STREET ADDRESS	4202 EAST FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	MD	<input type="checkbox"/> Delete
NAME	TONER, STEPHEN J	
STREET ADDRESS	1101 CHANNELSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	HARRIMAN, JOHN H	
STREET ADDRESS	200 S. BISCAYNE BLVD., #2650	
CITY-ST-ZIP	MIAMI FL 33131-2371	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERLEY, JOHN C.	
STREET ADDRESS	100 N TAMPA STREET, SUITE 2120	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landy, Burton A.	
STREET ADDRESS	(same)	
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Banks, Chief Int'l Development	
STREET ADDRESS	Jacksonville Economic Development Commission	
CITY-ST-ZIP	City Hall Annex, Ste. 1314, 220 E. Bay Street Jacksonville, FL 32202	
TITLE	D VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Robert L.	
STREET ADDRESS	(same)	
CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toner, Stephen J.	
STREET ADDRESS	(same) Suite 231	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham Martin, VP, International	
STREET ADDRESS	AmSouth Bank	
CITY-ST-ZIP	10245 Centurion Parkway Jacksonville, FL 32256	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Toner 1/21/04 (813) 864-6506