2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 736149** May 19, 2000 8:00 am Secretary of State 1. Entity Name TAMPA BAY CENTER MERCHANTS ASSOCIATION, INC. 04-17-2000 90099 041 ****61.25 Mailing Address Principal Place of Business 3302 W. DR. MARTIN LUTHER KING JR. BLVD. 3302 .W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 TAMPA FL 33607-6212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1725645 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUE BROWN MOORE: CHRISTI-M 3302 W DR MARTIN LUTHER KING BLVD **TAMPA FL 33607** 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 (NOTE: Registered Agent signature required when rainstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 75D Change Addition TITE F **VD** TITLE Delete WILLIAM J. BAKER, JR. 3302 W. DR. MIKJR. BUD NAME BASEN, RICHARD NAME STREET ADDRESS STREET ADDRESS 3302 W DR MLK JR BLVD TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-7:P TAMPA FL 33607 Addition TITLE Delete TITLE WEINLAND, SCOTT NAME STREET ADDRESS STREET ADDRESS 3302 W DR MLK JR BLVD CITY-ST-7IP City-ST-ZIP **TAMPA FL 33607** 💢 Change 💹 Addition TSD _ Delete TITLE TITLE CRERAND, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 3302 W DR MLK JR BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL □ Change Addition TITLE 7)7) F □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS .. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete me Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling 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