

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 29, 2001 8:00 am
Secretary of State

05-01-2001 90090 007 ****61.25

DOCUMENT # 748549

1. Entity Name

THE GREATER TOWN 'N COUNTRY AREA CHAMBER OF COMM

Principal Place of Business

7512 PAULA DR
 105
 TAMPA FL 33615
 US

Mailing Address

7512 PAULA DR
 105
 TAMPA FL 33615
 US

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

59-2024257

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

**KAPLAN, JONATHAN D
 9720 EXECUTIVE CENTER DR. N.
 #200
 ST. PETERSBURG FL 33702**

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**

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

TITLE PD ☒ Delete
 NAME FRAZIER, RAYMOND
 STREET ADDRESS 7512 PAULA DR #105
 CITY-ST-ZIP TAMPA FL 33602

TITLE VP ☒ Delete
 NAME LE FLOOH, EUGENE
 STREET ADDRESS 2625 PARK TOWER
 CITY-ST-ZIP TAMPA FL 33602

TITLE S ☐ Delete
 NAME WIND, SHELDON L
 STREET ADDRESS 5700 MEMORIAL HWY #202
 CITY-ST-ZIP TAMPA FL 33615

TITLE T ☐ Delete
 NAME EISENSTADT, DEBORAH
 STREET ADDRESS 5421 BEAUMONT CENTER BLVD #630
 CITY-ST-ZIP TAMPA FL 33634

TITLE D ☒ Delete
 NAME MORGAN, MAL
 STREET ADDRESS 6301 MEMORIAL HWY #202
 CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT "D" ☐ Change ☒ Addition
 NAME CHRISTINE COLLINS
 STREET ADDRESS 8313 WHILLSBOROUGH AVE STE 460
 CITY-ST-ZIP TAMPA FL 33615-3818

TITLE VICE PRESIDENT "D" ☐ Change ☒ Addition
 NAME ROSE U DOYLE
 STREET ADDRESS 8313 WHILLSBOROUGH AVE STE 220
 CITY-ST-ZIP TAMPA FL 33615-3819

TITLE SECRETARY "D" ☐ Change ☒ Addition
 NAME BETTY WEAVER
 STREET ADDRESS 6001 WEBB RD
 CITY-ST-ZIP TAMPA FL 33615-3291

TITLE TREASURER "D" ☐ Change ☒ Addition
 NAME CARL WATKINS
 STREET ADDRESS 5103 MEMORIAL HWY
 CITY-ST-ZIP TAMPA FL 33634-7356

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: Christine Collins CHRISTINE COLLINS 4/27/01 813 884-5344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)