

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748549

1. Entity Name

THE GREATER TOWN 'N COUNTRY AREA CHAMBER OF COMMERCE, INC.

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

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

7. Name and Address of New Registered Agent

Name

Carl T. Watkins

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

5103 Memorial Hwy.

City

Tampa

FL

Zip Code

33634

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

Carl T. Watkins

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, CHRISTINE	
STREET ADDRESS	8313 W HILLSBOROUGH AVE, STE 460	
CITY-ST-ZIP	TAMPA FL 33615-3818	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, ROSE U	
STREET ADDRESS	8313 W HILLSBOROUGH AVE, STE 220	
CITY-ST-ZIP	TAMPA FL 33615-3819	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WIND, SHELDON L	
STREET ADDRESS	5700 MEMORIAL HWY #202	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	I	<input type="checkbox"/> Delete
NAME	EISENSTADT, DEBORAH	
STREET ADDRESS	5421 BEAUMONT CENTER BLVD #630	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, BETTY	
STREET ADDRESS	6001 WEBB RD	
CITY-ST-ZIP	TAMPA FL 33615-3291	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATKINS, CARL	
STREET ADDRESS	5103 MEMORIAL HWY	
CITY-ST-ZIP	TAMPA FL 33634-7356	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark Rothman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jess Mizner	
STREET ADDRESS	6105 Memorial Hwy.	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5111 Memorial Hwy.	
CITY-ST-ZIP	Tampa, FL 33634	
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)(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 of Carl T. Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

813 8847205

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE