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TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759161

1. Corporation Name

AIA TAMPA BAY, INC./A CHAPTER OF THE AMERICAN IN STITUTE OF ARCHITECTS

Principal Place of Business	Mailing Address
~~5405 CYPRESS CENTER DRIVE SUITE 110~~	~~5405 CYPRESS CENTER DRIVE SUITE 110~~
TAMPA FL ~~33609-1024~~	TAMPA FL ~~33609-1024~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
31 200 N TAMPA ST	26 @200 N TAMPA ST	07/13/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2149693 ☐ Applied For ☐ Not Applicable
City & State 23 RA TAMPA FL	City & State 28 TAMPA FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33602 Country 25	Zip 29 33602 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AU BUCHON, MICHAEL G 515 BAY ST 200 TAMPA FL 33606-2796	81 Name: COPE, TERRY 82 Street Address (P.O. Box Number is Not Acceptable): 1860 REPUBLICA DE CUBA 83: TAMPA FL 33605 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: TERRY COPE — 1/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Must be signature of new agent when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	S	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN		1.2 NAME	CHEIKH SYLLA	
STREET ADDRESS	7004 SEABURY CT, S		1.3 STREET ADDRESS	401 S. FLORIDA AV. #300	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL	
TITLE	~~S~~ VP - D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENBAUM, ROBERT B		2.2 NAME		
STREET ADDRESS	7959 NINTH AVE, S		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	AU BUCHON, MICHAEL G.		3.2 NAME	JOHN CURRAN	
STREET ADDRESS	515 BAY ST #200		3.3 STREET ADDRESS	601 W SWANN AV	
CITY-ST-ZIP	TAMPA FL 96		3.4 CITY-ST-ZIP	TAMPA FL	
TITLE	~~S~~ D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOB, MICHAEL P		4.2 NAME		
STREET ADDRESS	201 E KENNEDY BLVD #201		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	~~S~~ P - D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COPE, TERRY W		5.2 NAME		
STREET ADDRESS	~~400 MADISON ST #200~~		5.3 STREET ADDRESS	1816 REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	33605	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3/12

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY COPE SIGNATURE — 1/15/99 (813) 2489258
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)