

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90144 034 \*\*\*\*61.25

**DOCUMENT # 759161**

1. Entity Name

**AIA TAMPA BAY, INC./A CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS**



Principal Place of Business

**200 N TAMPA ST  
TAMPA FL 33602**

Mailing Address

**200 N TAMPA ST  
TAMPA FL 33602**

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 **59-2149693**

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

**SMITH, GARY  
200 N. TAMPA ST 100  
TAMPA FL 33602**

Name

**Dawn Mages**

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

**200 N Tampa St # 100**

City

**Tampa**

FL

Zip Code

**33602**

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

**Dawn Mages Executive Director 2/3/03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                            |                                            |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SYLLA, CHEIKH<br>401 S FLORIDA AVE #300<br>TAMPA FL 33602            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PP<br>GREENBAUM, ROBERT B<br>7959 NINTH AVE S<br>SAINT PETERSBURG FL 33707 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CURRAN, JOHN<br>601 W SWANN AV<br>TAMPA FL 33606                      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AD<br>LOPEZ-ISA, ALBA<br>300 S HYDE PARK AVE<br>TAMPA FL 33606             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SMITH, GARY R<br>5405 W CYPRESS ST STE 112<br>TAMPA FL 33607          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>AZZARELLI, BRET<br>600 S MAGNOLIA AVE #150<br>TAMPA FL 33606          | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                                   |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Deighton Babis, AIA<br>5201 W. Kennedy Blvd. # 501<br>Tampa FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President Elect<br>Leland Benson<br>100 S. Ashley Dr, Ste 350<br>Tampa FL 33602   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Harvey Goldstein<br>300 S Hyde Park Ave #201<br>Tampa FL 33606       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Randy Stibling<br>4909 N. River Blvd.<br>Tampa FL 33603              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | East Director<br>Christopher Kelley<br>3333 W. Kennedy #203<br>Tampa FL 33609     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | West Director<br>Richard Ritts<br>303 main st.<br>Dunedin FL 34698                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

CR2E037 (10/02)

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 Required**

**2/03/03**

**8132293411**