

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90161 015 ****70.00

DOCUMENT # 766300

1. Corporation Name

LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.

Principal Place of Business

7530 NORTH BLVD.
TAMPA FL 33604-4756

Mailing Address

7530 NORTH BLVD.
TAMPA FL 33604-4756



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/27/1982

4. FEI Number

59-2328289

Applied For

Not Applicable

5. Certificate of Status Desired XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SALISBURY, C. ALEXANDER
7530 NORTH BOULEVARD
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE TC ☐ DELETE

NAME CASWELL, HEATHER
STREET ADDRESS 601 S BLVD
CITY-ST-ZIP TAMPA FL 33606

TITLE TV ☐ DELETE

NAME STOHLER, RICHARD L
STREET ADDRESS 5421-59TH STREET N
CITY-ST-ZIP TAMPA FL 33610

TITLE TS ☐ DELETE

NAME ANN O'CONNELL
STREET ADDRESS 101 E. KENNEDY BLVD. STE 1500
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE

NAME OBECK, ERIC S
STREET ADDRESS 2909 BAYSHORE CT
CITY-ST-ZIP TAMPA FL 3361

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME Merritt, Bob
1.3 STREET ADDRESS 550 N. Reo Street, Suite 204
1.4 CITY-ST-ZIP Tampa, Florida 33609

2.1 TITLE DC ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Lowry Baldwin
3.3 STREET ADDRESS 4600 W. Cypress Street, Suite 200
3.4 CITY-ST-ZIP Tampa, Florida 33607

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Richard L. Stohler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Stohler

04/13/99

Date

(813) 621-7202

Daytime Phone #

CR2E037 (11/98)