

FILED
Jul 11, 2002 8:00 am
Secretary of State

04-16-2002 90076 044 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004187

1. Entity Name

TAMPA INTERNATIONAL TECHNOLOGY CENTER, LLC

Principal Place of Business

201 N. FRANKLIN STREET
SUITE 2200 2100
TAMPA FL 33602

Mailing Address

201 N. FRANKLIN STREET
SUITE 2200 2100
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3654583

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J
201 N. FRANKLIN STREET
SUITE 2200 2100
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 rehashing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Dr. Murray J. Klauber
1620 Gulf of Mexico Drive
Longboat Key, FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE ON PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/02 3837419
Daytime Phone #

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 04-3654583

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Tampa International Technology Center, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

1620 Gulf of Mexico Drive

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Longboat Key, FL 34228

5b City, state, and ZIP code

6 County and state where principal business is located

Hillsborough, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee

Murray J. Klauber, President

7b SSN, TIN, or EIN

111-14-4034

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☒ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

☐ Started new business (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☒ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

3/19/2001

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".

NONE

Agricultural

-0-

Household

-0-

Other

-0-

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Wholesale-agent/broker☐ Accommodation & food service☐ Wholesale-other☐ Retail☒ Other (specify) Convention Center

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

()

Address and ZIP code

Designee's fax number (include area code)

()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Murray J. Klauber, President

Applicant's telephone number (include area code)

(941) 383 1996

Signature

Date

4/23/02

Applicant's fax number (include area code)

(941) 383 6126

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form SS-4 (Rev. 12-2001)