

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004992

1. Entity Name

YBOR HOSPITALITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 BALTIC CIRCLE
TAMPA FL 33617

120 BALTIC CIRCLE
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

120 Baltic Circle

120 Baltic Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip
33606

Country
Hillsborough

Zip
33606

Country
Hillsborough

4. FEI Number

39-3735774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

WHITE, ALTON M JR
201 E KENNEDY BLVD, STE 1700
TAMPA FL 33602

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

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

NAME

DP
BREWER, JOEL
120 BALTIC CIRCLE
TAMPA FL 33617

☐ Delete

TITLE

NAME

DV
SOHL, KENNY
1811 N 5TH ST
TAMPA FL 33617

☐ Delete

TITLE

NAME

D
CALDWELL, SEAN
120 BALTIC CIRCLE
TAMPA FL 33617

☐ Delete

TITLE

NAME

☐ Delete

TITLE

NAME

☐ Delete

TITLE

NAME

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-19-2002 90029 034 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)