

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001552

FILED
Oct 01, 2009
Secretary of State

Entity Name: UPPER TAMPA BAY CHAMBER EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

163 STATE ROAD 580 WEST
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

10971 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

New Mailing Address:

163 STATE ROAD 580 WEST
OLDSMAR, FL 34677 US

FEI Number: 26-0134033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, SEAN M
10971 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MCKNIGHT, DAWN M
163 STATE ROAD 580 WEST
OLDSMAR, FL 34677 US

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: DAWN MCKNIGHT

10/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BILLONE, CHARLES
Address: 2753 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761 US

Title: T () Delete
Name: JOHNSON, SEAN M
Address: 10971 COUNTRYWAY BLVD.
City-St-Zip: TAMPA, FL 33626 US

Title: VP () Delete
Name: WOJCIECHOWSKI, RICK
Address: 10971 COUNTRYWAY BLVD.
City-St-Zip: TAMPA, FL 33626 US

Title: D () Delete
Name: BEVERLAND, GERALD
Address: 602 SHORE DRIVE WEST
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCKNIGHT, DAWN
Address: 10333 ABBOTSFORD DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MCKNIGHT

T

10/01/2009

Electronic Signature of Signing Officer or Director

Date