2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N08772

Secretar

Jan 16, 2002 8:00 AM Secretary of State

Entity Name: TAMPA BAY CONVENTION & VISITORS BUREAU, INC.

New Principal Place of Business: Current Principal Place of Business: 400 N. TAMPA ST. **SUITE 2800** TAMPA, FL 33602 US **New Mailing Address: Current Mailing Address:** 400 N. TAMPA ST. **SUITE 2800** TAMPA, FL 33602 US FEI Number: 59-2529118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARNOLD, LYNWOOD F JR. ESQ 400 N. TÁMPA ST. **SUITE 2450** TAMPA, FL 336024708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NORMAN, LINDA NORMAN, LINDA Name: Name: 6405 NIKKI LANE Address: 6405 NIKKI LANE Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625 Title: CD () Delete Title: (X) Change () Addition PLASENCIA, LOU Name: PLASENCIA, LOU Name: Address: 10104 WOODSONG WAY Address: 10104 WOODSONG WAY City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition KILGORE, MICHAEL KILGORE, MICHAEL Name: Name: 4618 WOODLYN AVE S 4618 WOODLYN AVE S Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611 Title: TD () Delete Title: SD (X) Change () Addition Name: MAHURIN, DANIEL Name: MAHURIN, DANIEL 306 SEA ISLAND WAY Address: 306 SEA ISLAND WAY Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: () Change (X) Addition MCDANIEL, DON Name: Name: 6200 COURTNEY CAMPBELL CAUSEWAY Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON MCDANIEL T 01/16/2002