2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 20, 2003 8:00 am
Secretary of State
03-03-2003 90490 041 ****70.00

DOCUMENT # N08772

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

Principal Place of Business	Mailing Address
400 N. TAMPA ST. SUITE 2800 TAMPA FL 33602 US	400 N. TAMPA ST. SUITE 2800 TAMPA FL 33602 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2529118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, LYNWOOD F JR. ESQ
400 N. TAMPA ST.
SUITE 2450
TAMPA FL 33602-4708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CC 2/27
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NORMAN, LINDA 6405 NIKKI LANE TAMPA FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRPERSON MICHAEL KILGORE 4618 WOODLYN AVE. S. TAMPA FL. 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLASENCIA, LOU 10104 WOODSONG WAY TAMPA FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE-CHAIR DANIEL MAHURIN 306 SEA ISLAND WAY TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILGORE, MICHAEL 4618 WOODLYN AVE S TAMPA FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD GONZHART TREASURER 2025 E 7th. AVE. TAMPA, FL 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAHURIN, DANIEL 306 SEA ISLAND WAY TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCDANIEL, DON 6200 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SECRETARY DON McDANIEL 6200 COURTNEY CAMPBELL CAUSW TAMPA, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Catherine Dan 3/17/03 813-342-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #