

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09530

1. Entity Name

THE BRITISH-AMERICAN CHAMBER OF COMMERCE OF TAMP

Principal Place of Business

P.O. BOX 3447
TAMPA FL 33601
US

Mailing Address

P.O. BOX 3447
TAMPA FL 33601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2655595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIES, PAUL T
345 BAYSHORE BLVD., #1912
TAMPA FL 33606

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PETERSEN, GRANT
STREET ADDRESS 600 N. WESTSHORE BLVD. #200
CITY-ST-ZIP TAMPA FL 33609

TITLE TD ☒ Change ☐ Addition
NAME Petersen, Grant
STREET ADDRESS 600 N. Westshore Blvd. #200
CITY-ST-ZIP Tampa FL 33609

TITLE VCD ☐ Delete
NAME BENFORD, GEORGE
STREET ADDRESS 17755 US HIGHWAY 19
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE D ☐ Delete
NAME TIMOTHY, CARROLL
STREET ADDRESS 6306 S. MACDILL AVE., #1805
CITY-ST-ZIP TAMPA FL 33611

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

TITLE TD ☒ Delete
NAME REDWOOD, DONALD
STREET ADDRESS 1914 1ST STREET
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

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

TITLE CD ☐ Delete
NAME HODGES, MICHAEL
STREET ADDRESS 4908 TAMPA WEST BLVD.
CITY-ST-ZIP TAMPA FL 33634

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

TITLE SD ☐ Delete
NAME ODUM, MARY
STREET ADDRESS 777 W LUMSDEN
CITY-ST-ZIP BRANDON FL 33511

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (813) 289-1247

Date

Daytime Phone #

2221000

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE