

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09530

1. Entity Name

THE BRITISH-AMERICAN CHAMBER OF COMMERCE OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3447
TAMPA FL 33601
US

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TAMPA FL 33601
US

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90087 026 ****61.25

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

550 Rep Street,

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 300

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33609

Hillsborough

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VED~~
~~BENFORD, GEORGE~~
~~17755 US HIGHWAY 19~~
~~CLEARWATER FL 33764~~ ☒ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 OF REGISTERED AGENT

9/13/02

(813) 289-1247

CR2E037 (4/02)