

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18036**

1. Entity Name

TAMPA BAY URBAN BANKERS ASSOCIATION, INC.**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90079 029 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1915
TAMPA FL 33602P.O. BOX 1915
TAMPA FL 33601-1915

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

59-2825011

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STAMPS, S.M. DAVID III
101 E KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	RIOLAND, KENNETH JR	400 N ASHLEY DRIVE	TAMPA FL 33602	P	RIOLAND, KENNETH JR	4129 East Fowler Avenue	Tampa, FL 33617
V	MANER, C. MACHELLE	1770 N 50TH STREET	TAMPA FL 33619				
T	WILLIAMS, CHARNELL	2306 NEEDHAM DRIVE	VALRICO FL 33594				
D	YOUNG, TROY	100 N TAMPA STREET	TAMPA FL 33602				
D	CHRISTIAN, DAVID	400 N ASHLEY DRIVE	TAMPA FL 33602				
D	DYSON, ANGELINA M	3500 W CYPRESS	TAMPA FL 33607				

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 or empowered.

SIGNATURE:

Charnelle Williams

4/24/00 813-604-7045

CR2E037 (9/99)