2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # N18036 1. Entity Name 05-16-2001 90210 050 ****61.25 TAMPA BAY URBAN BANKERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1915 P.O. BOX 1915 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2825011 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) STAMPS, S.M. DAVID III 101 E KENNEDY BOULEVARD **SUITE 2700** City Zip Code **TAMPA FL 33602** FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D Delete TITLE Addition Nicole Campbel NAME RIOLAND, KENNETH JR NAME Nicole Dale Mobry 33629 STREET ADDRESS 4129 EAST FLOWLER AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33617** Tampa, Flori ☐ Delete TITLE ☐ Addition TITLE NAME MANER, C. MACHELLE NAME STREET ADDRESS STREET ADDRESS 1770 N 50TH STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** TITLE ☐ Delete TITLE ■ Addition NAME WILLIAMS, CHARNELL NAME STREET ADDRESS STREET ADDRESS 2306 NEEDHAM DRIVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE TITLE ☐ Change ☐ Addition NAME YOUNG, TROY NAME STREET ADDRESS STREET ADDRESS 100 N TAMPA STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE ☐ Delete TITLE Change ☐ Addition NAME CHRISTIAN, DAVID NAME STREET ADDRESS 400 N ASHLEY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33602 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DYSON, ANGELINA M STREET ADDRESS STREET ADDRESS 3500 W CYPRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33607**

FILED

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 all other like empowered.

SIGNATURE:

Deharnell Williams April 23,2001 (813-604-7045)