

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

May 04, 2000 8:00 am
Secretary of State

02-07-2000 90057 021 ****61.25

DOCUMENT # N29048

1. Entity Name

TAMPA UNION STATION PRESERVATION & REDEVELOPMENT

Principal Place of Business

4603 WISHART BLVD
TAMPA FL 33603
US

Mailing Address

4603 WISHART BLVD
TAMPA FL 33603-2828
US

2. Principal Place of Business

601 N. Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 36025
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-6001874

Applied For
Not Applicable

Zip

33602

Country

USA

Zip

33673

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, W. JAMES
5102 N. BRANCH AVE.
TAMPA FL 33603

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.

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

TITLE ☐ Delete

NAME HERRON, JIM
STREET ADDRESS 2016 N. VILLAGE AVE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Delete

NAME MCQUIGG, JOHN
STREET ADDRESS 1000 W. HORATIO #125
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME JENNEWIN, JOAN
STREET ADDRESS 4710 CLEAR AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME ENGLISH, MICHAEL M.
STREET ADDRESS 1916 AVENIDA REPUBLICA DE CUBA
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME KRUSE, FRANCES
STREET ADDRESS 16801 HUTCHINSON RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME PLYLER, HARRIET
STREET ADDRESS 800 S WILLOW AVE
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Director
STREET ADDRESS Terri Bishop
CITY-ST-ZIP 220 E. Madison St, Ste 1040
Tampa FL 33602

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (813) 228-8081

Date

Daytime Phone #