

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90024 008 ****61.25

DOCUMENT # N29136

1. Entity Name

TAMPA EAST OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**ONE TAMPA CITY CENTER
 SUITE 2865
 TAMPA FL 33602**

**ONE TAMPA CITY CENTER
 SUITE 2865
 TAMPA FL 33602-5816**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2936614

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**ROBY, DAVID A
 ONE TAMPA CITY CENTER
 SUITE 2865
 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 \$61.25**

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 **DP** ☐ Delete
 NAME **ROBY, DAVID A**
 STREET ADDRESS **ONE TAMPA CITY CTR STE 2865**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DVP** ☐ Delete
 NAME **PUZZO, LARRY**
 STREET ADDRESS **242-TRUMBULL ST**
 CITY-ST-ZIP **HARTFORD CT 06103**

TITLE **DST** ☐ Delete
 NAME **BONGARD, RANDALL**
 STREET ADDRESS **207 D KELSEY LANE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☐ Delete
 NAME **MORRELL, JOHN**
 STREET ADDRESS **16-8 N 24TH ST**
 CITY-ST-ZIP **TAMPA FL 33605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David A. Roby

Date

Daytime Phone #

1/5/00 813-229-0135