

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N29136**

1. Entity Name

**TAMPA EAST OWNERS' ASSOCIATION, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90037 036 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

00010300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2936614**

Applied For

Not Applicable

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

**ROBY, DAVID A  
ONE TAMPA CITY CENTER  
SUITE 2865  
TAMPA FL 33602**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP ROBY, DAVID A ONE TAMPA CITY CTR STE 2865 TAMPA FL 33602	<input type="checkbox"/> Delete	DVP Jim Fishman 242 Trumbull Street Hartford, CT 06103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DVP PUZZO, LARRY 242-TRUMBULL ST HARTFORD CT 06103	<input checked="" type="checkbox"/> Delete	DST Meredith Blanford 207-D Kelsey Lane Tampa, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DST BONGARD, RANDALL 207 D KELSEY LANE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete	D Sandra L. Binder One Tampa City Center, #2865 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MORRELL, JOHN 16-8 N 24TH ST TAMPA FL 33605	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, President** 1/3/01 813-229-0135

Date

Daytime Phone #

CR2E037 (10/00)