

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90038 002 ****61.25

DOCUMENT # N29136

1. Entity Name
TAMPA EAST OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-2936614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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				
V	RENNER, MARCIA	4300 W CYPRESS	TAMPA FL 33607	DV			
DST	BLANFORD, MEREDITH	207 D KELSEY LANE	TAMPA FL 33619	DST	Greg Azar	207D Kelsey Lane	Tampa, FL 33619
D	BINDER, SAANDRA L	ONE TAMPA CITY CENTER 2865	TAMPA FL 33602				

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:

DAVID A. ROBY
DAVID A. ROBY

Date

1/6/03

Daytime Phone #

813-229-0135

CR2E037 (10/02)