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

DOCUMENT # N29136

1. Entity Name

TAMPA EAST OWNERS' ASSOCIATION, INC.

BLANFORD, MEREDITH

207 D KELSEY LANE

BINDER, SAANDRA L

ONE TAMPA CITY CENTER 2865

TAMPA FL 33619

TAMPA FL 33602



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

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

Principal Place of Business ONE TAMPA CITY CENTER SUITE 2885 TAMPA FL 33802 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Applicable Surgest Agent T, Name and Address of New Registered Agent Name ROBY, DAVID A ONE TAMPA CITY CENTER SUITE 2885 TAMPA FL 33802 8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered egent. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Final Fund Centinourion Final Fund Fund Fund Fund Fund Fund Fund Fund	I MIVIEN LA	OT OTHER ACCOUNTS							
Suite, Apl. #, etc. Suite, Apl. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2836614 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 Name ROBY, DAVID A ONE TAMPA CITY CENTER SUITE 2865 Signature, typed or prince fraction of registered agent. SIGNATURE DP ROBY, DAVID A OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name David TITLE NAME DP ROBY, DAVID A Date Date Name Name 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name Name Name 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name Name Name Name 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name Name Name Name Name Name Name 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Name Name	ONE TAMPA CITY CENTER ONE TA SUITE 2865 SUITE 2		ONE TAMPA CITY CENTER SUITE 2865	R	1 1881110 113 1481	1818 11418 11418 AND AND AND AND A		1880 H a l	
City & State Country Country Country Country Country Expected Agent To Name and Address of Status Desired Status Desired For Required For Required Agent For Required For Required Agent For Requir	2. Principal Place of Business 3. Maili		3. Mailing Address	Mailing Address					
City & State Country Zip Country S. Certificate of Status Desired S8.75 Additional Feequired Feequi	Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent ROBY, DAVID A ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Signature, typed or printed resine of registered agent. NATE PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DP MAKE ROBY, DAVID A ONE TAMPA CITY CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS OUN STREET ADDRESS ASON W CYPRESS STREET ADDRESS S	City & State C		City & State	City & State		1 4. 12. 110.1100 19-79-1441 14			
ROBY, DAVID A ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602 City City FL Zip Code 6. 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DP Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS ONE TAMPA FL 33602 TITLE TAMPA FL 33602 TRUST OBJECT ORS STREET ADDRESS ONE TAMPA CITY CTR STE 2865 TAMPA FL 33602 TRUST OBJECT ORS STREET ADDRESS	Zip Country		Zip	Country					
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. 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			t Posistered Agent		7. Name and Addre	ss of New Registered Agent			
ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602 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 life if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing		6. Name and Address of Curren	i negistered Agent	Name		· · · · · · · · · · · · · · · · · · ·			
E. The above named entity submits this statement for the purpose of changing its 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	ONE TAN	MPA CITY CENTER	nggagagan an di Sandadan 1984	Street Ac	ddress (P.O. Box Number is No	ot Acceptable)			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				City		FL Zip Code			
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	NAME	RENNER, MARCIA	. Delete	NAME	DV		KI Change	Addition	
				CITY-ST-ZIP					

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.

TITLE

NAME

TITLE

NAME

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DST

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Greg Azar

207D Kelsey Lane

<u> Tampa, FL 33619</u>

Delete

☐ Delete

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SIGNATURE:

NAME

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F.D.d A. Roby

813-229-0135

🙀 Addition

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Daytime Phone #