

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 026 ****61.25

DOCUMENT # N35824

1. Entity Name

THE TAMPA FORTY AND EIGHT CONVENTION CORPORATION

Principal Place of Business

Mailing Address

2119 W. GRAY STREET
TAMPA FL 33606

2119 W. GRAY STREET
TAMPA FL 33606-1242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2996164

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

TAYLOR, J.G., JR.
2119 W. GRAY STREET
TAMPA FL 33607

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 ☐ Delete
NAME **PD**
STREET ADDRESS **HALL, DANIEL W., JR.**
CITY-ST-ZIP **3914 OKLAHOMA AVE.
TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **PORTERFIELD, EDWIN G.**
CITY-ST-ZIP **3011 W. PATTERSON
TAMPA FL 33614** **DECEASED**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **SPRINGSTON, Herbert R.**
CITY-ST-ZIP **4510 S. Grady Av.
Tampa, FL 33611**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **DELONG, DAVID**
CITY-ST-ZIP **4711 EL PRADO BLVD.
TMAPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **TAYLOR, J. G., JR.**
CITY-ST-ZIP **16113 ARMISTEAD LN.
ODESSA FL 33556-3304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **TRUELOCK, LESLIE E**
CITY-ST-ZIP **3622 OBISPO
TAMPA FL 33629** **DECEASED**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **LITTLE, RICHARD W.**
CITY-ST-ZIP **3713 Anchor Dr.
Tampa, FL 33611**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KERENS, JAMES E.**
CITY-ST-ZIP **4406 W. JEAN ST.
TAMPA FL 33614**

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
TAYLOR, JR.

7-1-00

Date

813-920-6832

Daytime Phone #