

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90149 002 ****70.00

DOCUMENT # N36996

1. Entity Name
AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCAL 427-721, INC.



Principal Place of Business

**5175 ULMERTON ROAD
STE. A
CLEARWATER FL 33760
US**

Mailing Address

**P.O. BOX 12333
ST. PETERSBURG FL 33733
US**

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 **59-0371362**

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

**O'CONNOR PAUL R.
4388-50TH PLACE SOUTH
ST. PETERSBURG FL 33711**

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 SEC/TREAS Paul R. O'Connor 3/27/03

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 **VD** ☐ Delete
NAME **JENNINGS, VANCE**
STREET ADDRESS **6226 SOARING AVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Change ☒ Addition
NAME **MENENDEZ, FRANK**
STREET ADDRESS **17600 BROWN RD**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **D** ☐ Delete
NAME **VANSCHAIK, HAROLD**
STREET ADDRESS **720 51ST AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **D** ☐ Change ☒ Addition
NAME **VERDI, JOSEPH**
STREET ADDRESS **1437 GULF TO BAY BLVD STE2**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D** ☐ Delete
NAME **BAWEL, KARL**
STREET ADDRESS **2649 PEACHTREE CIR. E.**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Change ☒ Addition
NAME **VINAS, ROBERT**
STREET ADDRESS **5230 72ND AVE N**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **PD** ☐ Delete
NAME **RICE, CHARLES A.**
STREET ADDRESS **11780 110TH TER N.**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
NAME **HENDERSON, JOHN**
STREET ADDRESS **2322 INDIGO DR**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **STD** ☐ Delete
NAME **O'CONNOR, PAUL R**
STREET ADDRESS **4388 50TH PL S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

PAUL R. O'CONNOR MARCH 27, 2003

CR2E037 (10/02)