

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 019 ****61.25

DOCUMENT # N50625

1. Corporation Name

**THE TAMPA BAY BRANCH, NATIONAL ASSOCIATION OF BL
ACK HOSPITALITY PROFESSIONALS, INC.**

Principal Place of Business

800 WEST PLATT ST
2
TAMPA FL 33606
US

Mailing Address

P.O. BOX 26613
TAMPA FL 33623



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/28/1992

4. FEI Number

59-3174907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MORRISON, ROBERT B., JR.
800 WEST PLATT ST
2
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROSS, HERMAN
STREET ADDRESS 19495 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33180

TITLE P ☐ DELETE
NAME GINSBERG, DIAN
STREET ADDRESS 400 N TAMPA ST. STE. 1010
CITY-ST-ZIP TAMPA FL 33602

TITLE T ☐ DELETE
NAME TERRY, MAXINE
STREET ADDRESS 5201 W. KENNEDY BLVD., SUITE 300
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE
NAME GUEST, MABLE J
STREET ADDRESS 14513 SUTTER PL
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE
NAME VARNES, TONI
STREET ADDRESS 3104 E 24TH AVE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME BRYANT, VIVIAN
STREET ADDRESS 6871 22 ST N
CITY-ST-ZIP ST PETERSBERG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF MAXINE G. TERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-286-5033

Daytime Phone #

727-846-6199

CR2E037 (11/98)

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