

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90233 040 ****61.25

DOCUMENT # N50625

1. Entity Name

THE TAMPA BAY BRANCH, NATIONAL ASSOCIATION OF BL

Principal Place of Business

Mailing Address

800 WEST PLATT ST
2
TAMPA FL 33606
US

P.O. BOX 26613
TAMPA FL 33623

2. Principal Place of Business

Tampa Bay CVB

Suite, Apt. #, etc.

400 N. Tampa St., Suite 2800

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Zip

Country

Country

33602

USA

4. FEI Number

59-3174907

Applied For

Not Applicable

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

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

Name **Dian Ginsberg**

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

400 N. Tampa St., Suite 2800

City **Tampa**

FL

Zip Code

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.

SIGNATURE

Dian Ginsberg - **Dian Ginsberg**

4/12/01

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 **D**
STREET ADDRESS **ROSS, HERMAN**
CITY-ST-ZIP **19495 BISCAYNE BLVD.**
MIAMI FL 33180

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GINSBERG, DIAN**
CITY-ST-ZIP **400 N TAMPA ST. STE. 404 2800**
TAMPA FL 33602

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRYANT, VIVIAN**
CITY-ST-ZIP **6871 22 ST N**
ST PETERSBERG 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:

Dian Ginsberg - **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
Date

(813) 342-4056
Daytime Phone #

CR2E037 (10/00)