

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91605 019 \*\*\*\*61.25

**DOCUMENT # N50625**

1. Entity Name

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

Principal Place of Business

Mailing Address

**TAMPA BAY CVP  
 400 NORTH TAMPA STREET, #2800  
 TAMPA FL 33602  
 US**

**P.O. BOX 26613  
 TAMPA FL 33623**

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

**59-3174907**

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

**GINSBERG, DIAN  
 400 NORTH TAMPA STREET, #2800  
 TAMPA FL 33602** *1534 Chepocket St.  
 Brandon, FL 33511*

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

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

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

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

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

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

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

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

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

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

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

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

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]* **GINSBERG - PRESIDENT 51-02 813-689-5486**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)