

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90055 023 ****61.25

DOCUMENT # N92000000212

1. Entity Name

THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL

Principal Place of Business

702 N. FRANKLIN ST.
TAMPA FL 33602

Mailing Address

P.O. BOX 2394
TAMPA FL 33601-2394
US

2. Principal Place of Business

3030 N. Rocky Point Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33607

Country

USA

Zip

Country

4. FEI Number

59-3205131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPTON, J. WESLEY
3030 N. ROCKY POINT DR. WEST
STE 410
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, ANN P.O. BOX 2394 TAMPA FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEESLEY, JAMES P 12916 OAK SHADOW PLACE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEMERS, RYAN 3030 N. ROCKY PT DR W, STE. 410 TAMPA FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRES, JEANELLE 1500 N. DALE MABRY TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMPTON, WES 3030 N. ROCKY POINT DR. W., STE. 410 TAMPA FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Donna Watts 1511 N. Westshore Blvd, Ste 600 Tampa, FL 33607	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Carney, Ann P.O. Box 2394 7650 W. Courtney Campbell Causeway, Suite 100 Tampa, FL 33601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hires, Jeanelle 1500 N. Dale Mabry Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Compton, Wes 3030 N. Rocky Point Dr. W., Suite 410 Tampa, FL (33607)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna L. Watts
Donna L. Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S/T

2/23/01

Date

813-207-5142

Daytime Phone #

CR2E037 (10/00)