

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 016 ****61.25

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1. Corporation Name

**GREATER TAMPA BAY MARINE ADVISORY COUNCIL PORTS,
INC.**

Principal Place of Business

UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
ST PETERSBURG FL 33701
US

Mailing Address

UNIV OF SO FL/DEPT OF MARINE SCIENCE
140 7TH AVE S
ST PETERSBURG FL 33701
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

59-3187770

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

BUCK, JEFFERY E
UNIV SO FL/DEPT OF MARINE SCIENCE
140 AVE S
ST PETE FL 33701

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 LUTHER, MARK
STREET ADDRESS UNIV SO FL/DEPT MARINE SCIENCE 140 AVE
CITY-ST-ZIP ST PETE FL

TITLE D ☐ DELETE

NAME BUCK, JEFFERY E
STREET ADDRESS UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME GRAY, GORDON
STREET ADDRESS UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME MCDONALD, PAUL
STREET ADDRESS UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME FIDLER, STEVE
STREET ADDRESS UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/24/99 813-886-02