

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002539

1. Entity Name

GREATER TAMPA BAY MARINE ADVISORY COUNCIL PORTS,

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90317 019 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
UNIV OF SO FL/DEPT OF MARINE SCIENCE      UNIV OF SO FL/DEPT OF MARINE SCIENCE  
140 7TH AVE S      140 7TH AVE S  
ST PETERSBURG FL 33701      ST PETERSBURG FL 33701-5016  
US      US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3187770

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 of the registered agent and title if applicable.

Signature of the 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 | NAME            | STREET ADDRESS                             | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------------------------------|------------------------|---------------------------------|
| D     | LUTHER, MARK    | UNIV SO FL/DEPT MARINE SCIENCE 140 AVE     | ST PETE FL             | <input type="checkbox"/>        |
| D     | BUCK, JEFFERY E | UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S | ST PETERSBURG FL 33701 | <input type="checkbox"/>        |
| D     | GRAY, GORDON    | UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S | ST PETERSBURG FL       | <input type="checkbox"/>        |
| D     | MCDONALD, PAUL  | UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S | ST PETERSBURG FL 33701 | <input type="checkbox"/>        |
| D     | FIDLER, STEVE   | UNIV SO FL/DEPT MARINE SCIENCE 140TH AVE S | ST PETERSBURG FL 33701 | <input type="checkbox"/>        |
|       |                 |                                            |                        | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|-------------------------------------------------------------------|
|       |      | 140 7TH AVE S  |             | <input type="checkbox"/>                                          |
|       |      | 140 7TH AVE S  |             | <input type="checkbox"/>                                          |
|       |      | 140 7TH AVE S  |             | <input type="checkbox"/>                                          |
|       |      | 140 7TH AVE S  |             | <input type="checkbox"/>                                          |
|       |      | 140 7TH AVE S  |             | <input type="checkbox"/>                                          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jeffery E BUCK* 4/25/00 813-801-2867

CR2E037 (9/99)