

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000003417****1. Entity Name**
NEW TAMPA COMMUNITY COUNCIL, INC.**Principal Place of Business**
PO BOX 46775
TAMPA FL 33647 US**Mailing Address**
PO BOX 46775
TAMPA FL 33647 US**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
59-3207454**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****FISS HERBERT JR**
15310 AMBERLY DR.
STE 250
TAMPA FL 33647 US**7. Name and Address of New Registered Agent****Name**
FAUGL GEORGE CJR
Street Address (P.O. Box Number is Not Acceptable)
8903 REGENTS PARK DR
STE 110
City **FL** **Zip Code**
TAMPA 33647**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** **GEORGE C. FAUGL, JR.** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	DFS <input type="checkbox"/> Delete
NAME	WEINER TODD
STREET ADDRESS	14201 BRUCE B. DOWNS BLVD. #1
CITY-ST-ZIP	TAMPA FL 33613
TITLE	DT <input type="checkbox"/> Delete
NAME	PALMER MATTHEW
STREET ADDRESS	4928 EBENSBURG DRIVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	DVP <input type="checkbox"/> Delete
NAME	GRINNELL LYNN
STREET ADDRESS	1709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	DP <input type="checkbox"/> Delete
NAME	FAUGL GEORGE
STREET ADDRESS	8903 REGENTS PARK DDR #110
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINNELL LYNN
STREET ADDRESS	9908 COLONNADE DR
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUGL GEORGE
STREET ADDRESS	8903 REGENTS PARK DR, #110
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** **GEORGE C. FAUGL JR** **DP** **04/30/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate Daytime Phone #

CR2E037 (11/00)