# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 15, 2000 8:00 am**
**Secretary of State**
02-15-2000 90041 001 ****70.00

DOCUMENT # N93000005462

1. Entity Name

CARIBBEAN CULTURAL ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10215 CONNECHUSETT ROAD<br>TAMPA FL 33617 | 10215 CONNECHUSETT ROAD<br>TAMPA FL 33617-3911 |

000021790

DO NOT WRITE IN THIS SPACE

| 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 59-3116916 ☐ 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 |
|---|---|
| CHANNER, WILLIAM O<br>10215 CONNECHUSETT ROAD<br>TAMPA FL 33617 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ASHMEADE, TONY<br>3222 LAS BRISAS DRIVE<br>TAMPA FL 33569 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LARMOND, EVIE<br>14613 PINE GLEN CIRCLE<br>LUTZ, FLORIDA 33549 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROBINSON, FAY<br>2306 FLETCHER PT CIRCLE<br>TAMPA FL 33613 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PURCELL, TREVOR<br>12908 RAIN FOREST STREET<br>TAMPA, FL 33617 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DRUMMOND, GERALYN<br>10514 WINROCK PLACE<br>TAMPA FL 33624 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ALEXANDER, McDONALD<br>10902 N 28th ST<br>TAMPA, FL 33612 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BURRELL, ELLOREECE<br>1821 CANDLESTICK CT<br>LUTZ FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>JACKSON, JACQUELINE<br>710 WEST HENRY AVE<br>TAMPA FL 33604 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHANNER, WILLIAM<br>10215 CONNECHUSETT ROAD<br>TAMPA FL 33617 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** William O Channer WILLIAM O CHANNER, TREASURER FILED 02/11/00 (727)464-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #