

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90016 041 \*\*\*\*70.00

## DOCUMENT #

1. Entity Name **THE CHANNEL District Council, INC.**

## Principal Place of Business

**210 N. 12TH ST**  
**TAMPA FL 33602**

## Mailing Address

## 2. Principal Place of Business

**210 N 12TH ST**

## 3. Mailing Address

**P.O. Box 946**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City & State

**TAMPA FL**

## City & State

**TAMPA FL**

## 4. FEI Number

**593260403**

## Applied For

☐ Not Applicable

## Zip

**33602**

## Country

## Zip

**33601**

## Country

## 5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ACKLEY, LINDA**  
**210 N. 12TH ST**  
**TAMPA, FL 33602**

## 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **B. D. BONNANNI, CLAUDE**  
STREET ADDRESS **107 N 11TH ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition  
NAME **D P ACKLEY, LINDA**  
STREET ADDRESS **210 N. 12TH ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition  
NAME **D V VOLENEC, GARY**  
STREET ADDRESS **102 S 12TH ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **S D COOPER, DON**  
STREET ADDRESS **102 S. 12TH ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☒ Addition  
NAME **D WHITE, GENIE**  
STREET ADDRESS **223 N. 12TH ST**  
CITY-ST-ZIP **TAMPA FL 33602**

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:** **Tom Vento** **TOM VENTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-2-2000 813 917 4945**

Date

Daytime Phone #

CR2E037 (9/99)