

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N94000003149****1. Entity Name**  
**THE CHANNEL DISTRICT COUNCIL, INC.****Principal Place of Business**  
210 N. 12TH ST  
TAMPA FL 33602  
**Mailing Address**  
P.O. BOX 946  
TAMPA FL 33601**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
**City & State****Zip** **Country** **Zip** **Country****4. FEI Number**  
**59-3260403**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ACKLEY LINDA**  
210 N. 12TH ST  
TAMPA FL 33602  
US**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** **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**  
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
DS	JOHNSON DOUG	102 S 12TH ST TAMPA FL 33602		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD	COOPER DON	102 S. 12TH ST. TAMPA FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	VENTO TOM	207 N. 11 ST TAMPA FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS	VOLENCE GARY	102 S. 12TH ST. TAMPA FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	ACKLEY LINDA	210 N 12TH STREET TAMPA FL 33602		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	BONNANNI CLAUDE	107 N. 11TH ST. TAMPA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	JOHNSON DOUG	102 S 12TH ST TAMPA FL 33602		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD	WHITE GENIE	223 N 12TH ST TAMPA FL 33602		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	VENTO TOM	207 N. 11 ST TAMPA FL 33602		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	VOLENCE GARY	102 S. 12TH ST. TAMPA FL 33602		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: TOM VENTO** **TD** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)