

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000003149

FILED  
Jul 26, 2002  
Secretary of State

**Entity Name:** THE CHANNEL DISTRICT COUNCIL, INC.

**Current Principal Place of Business:**

210 N. 12TH ST  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 946  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 59-3260403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BONNANNI, CLAUDE  
Address: 107 N. 11TH ST.  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: ACKLEY, LINDA  
Address: 210 N 12TH STREET  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: VOLENCE, GARY  
Address: 102 S. 12TH ST.  
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete  
Name: VENTO, TOM  
Address: 207 N. 11 ST  
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete  
Name: WHITE, GENIE  
Address: 223 N 12TH ST  
City-St-Zip: TAMPA, FL 33602

Title: DS ( ) Delete  
Name: JOHNSON, DOUG  
Address: 102 S 12TH ST  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM VENTO

TD

07/26/2002

Electronic Signature of Signing Officer or Director

Date