

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90199 050 ****61.25

DOCUMENT # N94000005630

1. Entity Name

THE DISTRICT BOARD OF TRUSTEES OF THE TAMPA DIST

Principal Place of Business

Mailing Address

**5030 EAST BUSCH BLVD.
 TAMPA FL 33617**

**5030 EAST BUSCH BLVD.
 TAMPA FL 33617-5304**

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

59-1683444

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

**BRAZELTON, DAVID L
 5030 E BUSCH BLVD
 TAMPA FL 33617**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RENAULT, JIM	
STREET ADDRESS	1071 SHELDAR RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUELL, MARK	
STREET ADDRESS	401 E. JACKSON ST.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCOTT, RHONIE JR.	
STREET ADDRESS	1905 TAYLOR ROAD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERRIN, CAROL	
STREET ADDRESS	5030 E. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CULP, JIM	
STREET ADDRESS	5030 EAST BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *David L. Brazelton* **DAVID L. BRAZELTON, FEB 2, 2000 (83) 988-2408**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)