

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90255 016 ****61.25

0051547

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004875

1. Corporation Name

TAMPA BAY INTERNATIONAL BUSINESS COUNCIL, INC.

Principal Place of Business

4509 GEORGE ROAD
 TAMPA FL 33634
 US

Mailing Address

4509 GEORGE ROAD
 TAMPA FL 33436
 US



2. Principal Place of Business

21 **3030 N. Rocky Point Dr. W.**

2a. Mailing Address

26 **Same as 2.**

3. Date Incorporated or Qualified

10/12/1995

Suite, Apt. #, etc.

22 **Suite 280**

Suite, Apt. #, etc.

27

4. FEI Number -

59-0474960

Applied For

Not Applicable

City & State

23 **Tampa, FL**

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

24 **33607-5902**

Country

25 **USA**

Zip

29

Country

30

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

LACKMAN, GEORGE
 4509 GEORGE ROAD
 TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

Steve Toner

82 Street Address (P.O. Box Number is Not Acceptable)

3030 N. Rocky Point Dr. W.

83

Suite 280

84 City

Tampa

FL

85 Zip Code

33607-5902

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

Stephen J. Toner
4-28-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☒ DELETE
 NAME **FLYNN, III WILLIAM**
 STREET ADDRESS **4509 GEORGE ROAD**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PPD** ☒ DELETE
 NAME **LACKMAN, GEORGE**
 STREET ADDRESS **401 E. JACKSON STREET, 21ST FLOOR**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
 NAME **FLEMING, RAY**
 STREET ADDRESS **4509 GEORGE ROAD**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
 NAME **RITUMS, ANDRIS**
 STREET ADDRESS **4509 GEORGE RD**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
 1.2 NAME **Randy James**
 1.3 STREET ADDRESS **4230 S. MacDill Ave, Suite K**
 1.4 CITY-ST-ZIP **Tampa, FL 33611**

2.1 TITLE **DS** ☐ Change ☐ Addition
 2.2 NAME **Carol Delia**
 2.3 STREET ADDRESS **501 East Kennedy Boulevard**
 2.4 CITY-ST-ZIP **Tampa, FL 33602**

3.1 TITLE **DT** ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 **813-831-5688**
 Date Daytime Phone #

CR2E037 (11/98)