2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # N95000004875 1. Entity Name TAMPA BAY INTERNATIONAL BUSINESS COUNCIL, INC. 05-05-2000 90032 043 ****70.00 Principal Place of Business Mailing Address 3030 W ROCKY PT OR WE 3030 W ROCKY PT DR WE SUIT E#280 SUIT E#280 TAMPA FL 33607-5803 TAMPA FL 33607-5902 3. Mailing Address 2. Principal Place of Business PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0474960 Not Applicable Tampa Zip Country Country \$8.75 Additional 5. Certificate of Status Desired UŚA 3369 D Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Randy James Street Address (P.O. Box Number is Not Acceptable) TONER, STEVE 3030 N ROCKY POINT DR W S. Mac Dill **SUITE 280** Zip Code TAMPA FL 33607-5902 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition DT ☐ Delete TITLE JAMES , RANDY NAME NAME FLEMING, RAY 4230 s. Mac Dill Ave Stek STREET ADDRESS 4509 GEORGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL 3361 TAMPA FL Delete Change Addition TITLE TITLE Meitzen, steve NAME NAME RITUMS, ANDRIS STREET ADDRESS 19134 Cherry Rose Cir STREET ADDRESS 4509 GEORGE RD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 Delete Addition Change TITLE CD TITLE JONES, RANDY NAME NAME YOUNG, COTIMHE STREET ADDRESS 401 Kennedy Blud STREET ADDRESS 4230 S MACDILL AVE STE K CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33611 **☑** Delete Addition DS TITLE Change TITLE DELIA, CAROL NAME NAME STREET ADDRESS **501 EAST KENNEDY BLVD** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33602 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.