

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90067 022 \*\*\*\*61.25

**DOCUMENT # N95000004875**

1. Entity Name

**TAMPA BAY INTERNATIONAL BUSINESS COUNCIL, INC.**

Principal Place of Business

3030 W ROCKY PT DR WE  
 SUITE E#280  
 TAMPA FL 33607-5902  
 US

Mailing Address

PO BOX 14492  
 TAMPA FL 33690  
 US

00047070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4104 SPARROW CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 340482

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Tampa Florida

4. FEI Number

59-0474960

Applied For

Not Applicable

Zip

33549

Country

Zip

33694

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JAMES, RANDY  
 4230 S MACDILL AVE  
 STE K  
 TAMPA FL 33611

Philip L. Vosburgh  
 4104 SPARROW CT  
 Lutz, FLORIDA 33549

7. Name and Address of New Registered Agent

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

TITLE DT  
 NAME FLEMING, RAY  
 STREET ADDRESS 4509 GEORGE ROAD  
 CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DV  
 NAME YOUNG, CORINNE  
 STREET ADDRESS 401 KENNEDY BLVD  
 CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE DP  
 NAME JAMES, RANDY  
 STREET ADDRESS 4230 S MACDILL AVE STE K  
 CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE DS  
 NAME MEITZEN, STEVE  
 STREET ADDRESS 19134 CHERRY ROSE CIR  
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT  
 NAME FLEMING, RAY  
 STREET ADDRESS 4509 GEORGE RD  
 CITY-ST-ZIP TAMPA, FL ☐ Change ☐ Addition

TITLE DV  
 NAME MEITZEN, STEVE  
 STREET ADDRESS 19134 CHERRY ROSE Circle  
 CITY-ST-ZIP Lutz, FL 33549 ☐ Change ☐ Addition

TITLE DP  
 NAME YOUNG, CORINNE  
 STREET ADDRESS 132 HERON  
 CITY-ST-ZIP DAVIS ISLAND, FL ☐ Change ☐ Addition

TITLE DS  
 NAME SHEILA MARTIN  
 STREET ADDRESS 4905 SOUTH WESTSHORE BLVD  
 CITY-ST-ZIP TAMPA, FL 33611 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Corinne DeYoung*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN-PRESIDENT

Date

Daytime Phone #

CR2E037 (10/00)