

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004918

1. Entity Name

CANADIAN-AMERICAN INTERNATIONAL BUSINESS COUNCIL
OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

~~7650 W. COURTNEY CAMPBELL COWY~~
~~SUITE 275~~
~~TAMPA FL 33607~~

~~7650 W. COURTNEY CAMPBELL COWY~~
~~SUITE 275~~
~~TAMPA FL 33607~~

2. Principal Place of Business

1101 Channelside Dr.

3. Mailing Address

1101 Channelside Dr.

Suite, Apt. #, etc.

Suite 266

Suite, Apt. #, etc.

Suite 266

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

6. Name and Address of Current Registered Agent

EKONOMIDES, NICKOLAS C
201 E. KENNEDY BLVD
STE. 1130
TAMPA FL 33602

4. FEI Number

65-0614569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Stephen J. Toner

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 NAME STREET ADDRESS CITY-ST-ZIP | DPS TONER, STEPHEN J 3030 N. ROCKY POINT DR. W., STE. 280 TAMPA FL 33607-5902 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUGAN, PATRICK 453 EDGEWATER DR DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GODDARD, D. ANDREW 401 E. JACKSON ST., STE. 2100 TAMPA FL 33602 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS EKONOMIDES, NICKOLAS 201 E KENNEDY BLVD, STE 1130 TAMPA FL 33602 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EKONOMIDES, ANTHONY C 201 N. FRANKLIN ST., STE. 2350 TAMPA FL 33602 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAUMGARTEN, STEVEN A 4202 E FOWLER AVE., BSN 3403 TAMPA FL 00 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen J. Toner 4/15/02 864-6606

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90062 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)