

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

0009120

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002388 (4)

1. Corporation Name

TAMPA BAY FAMILY BUSINESS FORUM, INC.

Principal Place of Business

Mailing Address

101 STARCREST DR.
CLEARWATER FL 34625

101 STARCREST DR.
CLEARWATER FL 34625



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

33765

9. Name and Address of Current Registered Agent

LANE, WILLIAM J
HOLLAND & KNIGHT
400 N ASHLEY DR, STE. 2300
TAMPA FL 33602

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3382357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOUCHARD, TIM	
STREET ADDRESS	101 STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DUFRESNE, JOHN	
STREET ADDRESS	10014 N DALE MABRY, STE. 101	
CITY-ST-ZIP	TAMPA FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOLLENBACK, MIKE	
STREET ADDRESS	1006 PINELLAS ST	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEWELL, KENNETH	
STREET ADDRESS	101 STARCREST DR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUER, KIMBERLY H	
STREET ADDRESS	324 MONROE	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, KENNETH	
STREET ADDRESS	10 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dufresne, John	
1.3 STREET ADDRESS	10014 N Dale Mabry Ste 101	
1.4 CITY-ST-ZIP	Tampa FL 33618-4426	

2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lane, William J	
2.3 STREET ADDRESS	400 N Ashley Drive	
2.4 CITY-ST-ZIP	Tampa FL 33601-1288	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bouchard, Tim	
3.3 STREET ADDRESS	101 Starcrest Drive	
3.4 CITY-ST-ZIP	Clearwater FL 33765	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-98

Date

727-447-6481

Daytime Phone #

CR2E037 (5/98)