

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90101 022 ****61.25

DOCUMENT # N96000002388

1. Corporation Name

TAMPA BAY FAMILY BUSINESS FORUM, INC.

Principal Place of Business

101 STARCREST DR.
CLEARWATER FL 34625

Mailing Address

101 STARCREST DR.
CLEARWATER FL 33765
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

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 617.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BOUCHARD, TIM
STREET ADDRESS 101 STARCREST DRIVE
CITY-ST-ZIP CLEARWATER FL 33765

TITLE CD ☐ DELETE

NAME DUFRESNE, JOHN
STREET ADDRESS 10014 N DALE MABRY, STE. 101
CITY-ST-ZIP TAMPA FL 33618-4426

TITLE VCD ☐ DELETE

NAME LANE, WILLIAM J
STREET ADDRESS 400 N ASHLEY DR
CITY-ST-ZIP TAMPA FL 33601-1288

TITLE D ☐ DELETE

NAME JEWELL, KENNETH
STREET ADDRESS 101 STARCREST DR
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME SAUER, KIMBERLY H
STREET ADDRESS 324 MONROE
CITY-ST-ZIP DUNEDIN FL

TITLE D ☒ 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 D ☐ Change ☒ Addition

1.2 NAME Spencer, Scott
1.3 STREET ADDRESS 600 Cleveland St Ste 100
1.4 CITY-ST-ZIP Clearwater FL 33755

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Dufresne, John
2.3 STREET ADDRESS 10014 N Dale Mabry Ste 101
2.4 CITY-ST-ZIP Tampa FL 33618-4426

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME Lane, William J
3.3 STREET ADDRESS 400 N Ashley Dr
3.4 CITY-ST-ZIP Tampa FL 33601-1288

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Evans, Mark
4.3 STREET ADDRESS 4801 Ulmerton Rd
4.4 CITY-ST-ZIP Clearwater FL 33762

5.1 TITLE VCD ☒ Change ☐ Addition

5.2 NAME Sauer, Kimberly H
5.3 STREET ADDRESS 324 Monroe
5.4 CITY-ST-ZIP Dunedin FL 34698

6.1 TITLE TD ☐ Change ☒ Addition

6.2 NAME Bollenback, Mike
6.3 STREET ADDRESS 1000 Pinellas St
6.4 CITY-ST-ZIP Clearwater FL 33756

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 ~~other~~ like empowered.

SIGNATURE:

Tim Bouchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-447-6481

Date

Daytime Phone #

CR2E037 (11/98)