

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90030 031 \*\*\*\*61.25

**DOCUMENT #** N9700000-1333

**1. Entity Name**

**TAMPA BAY DOMINICA ASSOCIATION**

**Principal Place of Business**

**Mailing Address**

**4006 EAST REGNES AVE  
TAMPA FL 33617**

**4006 EAST REGNES AVE  
TAMPA FL 33617**

**2. Principal Place of Business**

**4006 EAST REGNES AVE**

Suite, Apt. #, etc.

**3. Mailing Address**

**4006 EAST REGNES AVE**

Suite, Apt. #, etc.

**City & State**

**TAMPA, FL**

**City & State**

**TAMPA, FL**

**Zip**

**33617**

**Country**

**HILLSBOROUGH**

**Zip**

**33617**

**Country**

**HILLSBOROUGH**

**4. FEI Number**

**59-3435533**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ALEXANDER, ESTHER  
10902 N 28 ST  
TAMPA FL 33612**

**7. Name and Address of New Registered Agent**

**Name**  
**GLORIA JNO BAPTISTE**

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

**c/o TBDA**

**4006 REGNES AVE**

**City**

**TAMPA**

**FL**

**Zip Code**

**33617**

**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**

<b>TITLE</b>	<b>President</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Vyline Beaupiere</b>	
<b>STREET ADDRESS</b>	<b>8550 JR Manor Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Tampa, Fl. 33634</b>	
<b>TITLE</b>	<b>1st Vice President</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Adelbert James</b>	
<b>STREET ADDRESS</b>	<b>14618 Daybreak Dr</b>	
<b>CITY-ST-ZIP</b>	<b>Lutz, FL 33549</b>	
<b>TITLE</b>	<b>2nd vice President</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Phoebe Williamns</b>	
<b>STREET ADDRESS</b>	<b>4006 E. Regnas Dr</b>	
<b>CITY-ST-ZIP</b>	<b>Tampa, FL 33617</b>	
<b>TITLE</b>	<b>Treasurer</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Edward Beltajey</b>	
<b>STREET ADDRESS</b>	<b>2010 148 Avenue</b>	
<b>CITY-ST-ZIP</b>	<b>Lutz, FL 33549</b>	
<b>TITLE</b>	<b>Assistant Treasurer</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Herman Abel</b>	
<b>STREET ADDRESS</b>	<b>7303 Monterey Ave</b>	
<b>CITY-ST-ZIP</b>	<b>Tampa Fl 33625</b>	
<b>TITLE</b>	<b>Secretary</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>Gloria Jno Baptiste</b>	
<b>STREET ADDRESS</b>	<b>12301 9 Street</b>	
<b>CITY-ST-ZIP</b>	<b>Tampa Fl 33612</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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

**ADELBERT JAMES**

Date

**4/16/00**

Daytime Phone #

**813-920-1357**

CR2E037 (9/99)