

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001333

1. Entity Name

TAMPA BAY DOMINICA ASSOCIATION INC.

Principal Place of Business

4006 EAST REGNES AVE
TAMPA FL 33617

Mailing Address

4006 EAST REGNES AVE
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAPLISTE, GLORIA I
4006 REGNES AVE
TAMPA FL 33617

Name GLORIA ROCK

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

GLORIA ROCK Secretary

4/12/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
ABEL, HERMAN W
7303 MONTEREY BLVD.
TAMPA FL 33675 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BAPTISTE, GLORIA I
12321 N 9TH STREET
TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GLORIA ROCK
11301 A. SUNSHINE CT
TAMPA FL 33612 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ADELBERT, JAMES
14618 BAYBREAK DR.
LUTZ FL 33549 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAMS, PHOEBE
4006 E REGNES AVENUE
TAMPA FL 33617 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRO
MACDONALD, ALEXANDER
10902 N 28TH STREET
TAMPA FL 33612 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BELSUJET, EDWARD
2010 148 AVENUE
LUTZ FL 33549 ☐ Delete

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

4/12/02

(813) 621-6661

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90332 036 ****61.25

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DO NOT WRITE IN THIS SPACE