

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-23-2003 90058 015 ****61.25

DOCUMENT # N97000001333

1. Entity Name
TAMPA BAY DOMINICA ASSOCIATION INC.



Principal Place of Business
**4008 EAST REGNES AVE
TAMPA FL 33617**

Mailing Address
**4008 EAST REGNES AVE
TAMPA FL 33617**

44003587

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3435533**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROCK, GLORIA
4008 REGNAS AVENUE
TAMPA FL 33617**

Name **GLORIA ROCK**
Street Address (P.O. Box Number is Not Acceptable)
1506 E. PEARSS AVENUE
City **LUTZ** FL Zip Code **33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GLORIA ROCK**
Signature, typed or printed name of registered agent and title if applicable.

Secretary

4/19/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **HERMAN W ABEL**
STREET ADDRESS **7303 MONTEREY BLVD**
CITY-ST-ZIP **TAMPA, FL. 33625** **PRESIDENT**

TITLE **SD** ☐ Delete
NAME **ROCK, GLORIA**
STREET ADDRESS **11301-A SUNSHINE COURT**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ Change ☐ Addition
NAME **GLORIA ROCK**
STREET ADDRESS **11301-A SUNSHINE COURT**
CITY-ST-ZIP **TAMPA, FL 33612** **SECRETARY**

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

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

TITLE **VP** ☐ Delete
NAME **WILLIAMS, PHOEBE**
STREET ADDRESS **4008 E REGNAS AVENUE**
CITY-ST-ZIP **TAMPA FL 33617**

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

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **EDWARD BELSUJET**
STREET ADDRESS **12410 SPICER PL. APT. K**
CITY-ST-ZIP **TAMPA FL. 33612**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN WINSTON ABEL
4/19/03 Date

813 972 5674 Daytime Phone #

CR2E037 (10/02)