

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002191

1. Entity Name

TAMPA BAY ORGANIZING COMMITTEE, INC.

Principal Place of Business

4202 E FOWLER AVE
PED 214
TAMPA FL 33620

Mailing Address

14450 46TH STREET NORTH
SUITE 108
CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3451495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD
NAME GRIFFIN, PAUL
STREET ADDRESS 4202 E FOWLER AVE
CITY-ST-ZIP TAMPA FL 33620 ☐ Delete

TITLE VD
NAME KIMBALL, RUSS
STREET ADDRESS 1160 S. GULFVIEW BLVD.
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VD
NAME LEVY, LEONARD
STREET ADDRESS 2442 MISSISSIPPI AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE VTD
NAME KETTERHAGEN, CAROLE
STREET ADDRESS 14450 46TH ST N
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE VD
NAME KELLY, MICHAEL
STREET ADDRESS PO BOX 172007
CITY-ST-ZIP TAMPA FL 33672 ☐ Delete

TITLE VD
NAME CATOE, PAUL
STREET ADDRESS 400 N. TAMPA ST., STE. 1010
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME GRIFFIN, PAUL ☒ Change ☐ Addition
STREET ADDRESS 15924 WYNDOVER ROAD
CITY-ST-ZIP TAMPA FL 33647

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90069 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)