

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90161 017 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000003604

1. Entity Name

THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFFE

Principal Place of Business

Mailing Address

P.O. BOX 23745
 TAMPA FL 33623-3745

P.O. BOX 23745
 TAMPA FL 33623-3745

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

59-6152362

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

GANDY, BILL
 4306 JETTON AVE
 TAMPA FL 33629

Name

Sue LIGNELL

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

400 ISLAND WAY #1407

City

Clearwater

FL

Zip Code

33767

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

Sue C. Lignell

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

(NOTE: Registered Agent signature required when reinstating)

4-24-00

DATE

FILE NOW:
FEES 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	D	<input type="checkbox"/> Delete
NAME	SERIM, FEYZI	
STREET ADDRESS	5022 BRIDGETPORT DR.	
CITY-ST-ZIP	SAFTY HARBOR FL 34695-6959	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CULBREATH, SHEILA	
STREET ADDRESS	8102 SHELDON RD #206	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GANDY, BILL	
STREET ADDRESS	4306 JETTON AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, RAG	
STREET ADDRESS	3209 W. ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILGEN, JOHN	
STREET ADDRESS	5813 MPERIAL KEY	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, MICHAEL	
STREET ADDRESS	3762 HAMP DEN DR	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feyzi Serim	
STREET ADDRESS	5022 Bridgeport Dr	
CITY-ST-ZIP	Safety Harbor, FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitch Roof	
STREET ADDRESS	12601 Wood Ibis Way	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheila Gurr	
STREET ADDRESS	Marshall Veatch	
CITY-ST-ZIP	614 Shady Nook Dr Brandon, FL 33511-7973	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Lignell	
STREET ADDRESS	400 ISLAND WAY #1407	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Gurr	
STREET ADDRESS	966 Ridgeway Dr	
CITY-ST-ZIP	Fort Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Sue C. Lignell

4-24-00

727-467-8259

CR2E037 (9/99)