

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007005

1. Entity Name

BAY AREA COUNCIL, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90206 049 \*\*\*\*61.25

Principal Place of Business

4819 E BUSCH BLVD.  
SUITE 206-3  
TAMPA FL 33617

Mailing Address

4819 E BUSCH BLVD.  
SUITE 206-3  
TAMPA FL 33617-6055

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

APPLIED FOR

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

SUCARICHI, GEORGE P  
4819 E BUSCH BLVD.  
SUITE 206-3  
TAMPA FL 33617

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PGD~~ ☐ Delete  
NAME SUCARICHI, GEORGE P  
STREET ADDRESS 4819 E BUSCH BLVD. STE 206-3  
CITY-ST-ZIP TAMPA FL 33617

TITLE ~~STD~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~STD~~ ☐ Delete  
NAME GROSS, VICTORIA R  
STREET ADDRESS 4819 E BUSCH BLVD. STE 206-3  
CITY-ST-ZIP TAMPA FL 33617

TITLE ~~D~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete  
NAME ROBERTS, CLINT  
STREET ADDRESS 4819 E BUSCH BLVD. STE 206-3  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE ~~D~~ ☐ Delete  
NAME HOWELL, RON A  
STREET ADDRESS 4819 E BUSCH BLVD. STE 206-3  
CITY-ST-ZIP TAMPA FL 33617

TITLE ~~PLD~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00  
Date

Daytime Phone #

CR2E037 (9/99)