

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000007005**1. Entity Name  
BAY AREA COUNCIL, INC.

Principal Place of Business	Mailing Address
4819 E BUSCH BLVD.	4819 E BUSCH BLVD.
SUITE 206-3	SUITE 206-3
TAMPA FL	TAMPA FL
33617	33617

2. Principal Place of Business	3. Mailing Address
4815 E BUSCH BLVD.	4815 E BUSCH BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 201-C	SUITE 201-C

City & State	City & State
TAMPA FL	TAMPA FL

Zip	Country	Zip	Country
33617		33617	

4. FEI Number	Applied For
<b>59-3379006</b>	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
HOWELL RON ACPA  
Street Address (P.O. Box Number is Not Acceptable)  
4815 E BUSCH BLVD.  
SUITE 201-C  
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 **RON A. HOWELL****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	PCD	<input type="checkbox"/> Delete
NAME	HOWELL RON A	
STREET ADDRESS	4819 E BUSCH BLVD. STE 206-3	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS CLINT	
STREET ADDRESS	4819 E BUSCH BLVD. STE 206-3	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS VICTORIA R	
STREET ADDRESS	4819 E BUSCH BLVD. STE 206-3	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUCARICHI GEORGE P	
STREET ADDRESS	4819 E BUSCH BLVD. STE 206-3	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL RON A	
STREET ADDRESS	4815 E BUSCH BLVD. STE 201-C	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZZARA WILFRED	
STREET ADDRESS	4815 E BUSCH BLVD. STE 201-C	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS VICTORIA R	
STREET ADDRESS	4815 E BUSCH BLVD. STE 201-C	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCARICHI GEORGE P	
STREET ADDRESS	4815 E BUSCH BLVD. STE 201-C	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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: WILFRED LAZZARA**

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)