

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000276

1. Entity Name

Radio Broadcasters Alliance of Tampa Bay, Inc.

FILED

00 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

400 N. Ashley Drive
Suite 2300
Tampa, FL 33602

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

59-3545317

Applied For

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

7. Name and Address of New Registered Agent

Brannock, Steven L
Holland & Knight LLP
400 N. Ashley Drive
Tampa, FL 33602

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
NAME D Lewis, Chris ☐ Delete
STREET ADDRESS 5510 Gray St. #130
CITY-ST-ZIP Tampa, FL 33611

TITLE
NAME D Lewis, Teddi ☒ Change ☐ Addition
STREET ADDRESS 4002-A Gandy Blvd
CITY-ST-ZIP Tampa, FL 33609

TITLE
NAME D Reinhardt, Dave ☐ Delete
STREET ADDRESS 4002-A Gandy Blvd.
CITY-ST-ZIP Tampa, FL 33609

TITLE
NAME 200003241392--2 ☐ Change ☐ Addition
STREET ADDRESS -05/05/00--01033--001
CITY-ST-ZIP *****61.25 *****61.25

TITLE
NAME D Turner, Chris ☐ Delete
STREET ADDRESS 2700 W. ML King Blvd. Suite 402
CITY-ST-ZIP Tampa, FL 33607

TITLE
NAME D Turner, Chris ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 75304
CITY-ST-ZIP Tampa, FL 33675-0304

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
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:

Chris Turner Chris Turner

April 26, 2000