## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001573

1. Entity Name



FILED Sep 13, 2000 8:00 am **Secretary of State** 

09-13-2000 90023 032 \*\*\*\*61.25

## TAMPA INTERBAY ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2843

BRANDON FL 33509-2843

Principal Place of Business

P.O. BOX 2843

BRANDON FL 33509-2843

Mailing Address

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Numbe Applied For City & State City & State ampa Not Applicable ampa Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 336<u>10</u> Fee Required 367a 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARLESS, HUGH 3713 DALE AVE. TAMPA FL 33609 City 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. (4) (4) (4) 45年1月1日 1867年186日 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. resident ▼ Addition 🔀 Delete TITLE TITLE HOOVER, ROB NAME Doug Van NAME STREET ADDRESS Walden STREET ADDRESS 901 MIZZENMAST LANE Dunedin, CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ce President Change TITLE מ X Detete TITLE Cooper NAME NAME Krueger, Bob Bay View Ave. STREET ADDRESS STREET ADDRESS 4213 SYLVAN RAMBLE CITY-ST-ZIP 33611 Tampa CITY-ST-ZIP TAMPA FL 33609 *Secretar* Change **Addition** Delete TITLE Thomas MARTIN, GRANT NAME Huron Ave. STREET ADDRESS STREET ADDRESS 414 FERN CLIFF AVE. CITY-ST-7IP CITY-ST-ZIP ampa TEMPLE TERRACE FL 33617 Addition Treasurer Change D **▼** Delete TITLE Wessman WALL, DOUG NAME NAME 4427 W. Kennedy Blvd. #200 Tampa, FL 33609 9215 HIGHLAND RIDGE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** ☐ Change Addition TITLE **D**elete TITLE Director NAME HAMILTON, TED NAME Swift Court STREET ADDRESS STREET ADDRESS 5706 NORTH CENTRAL AVE. CITY-ST-ZIP rico CITY-ST-ZIP TAMPA FL 33604 Addition □ Delete TITLE margaret O'Grady - Roset 3170 Third Ave. North MUNSCH, BOB NAME STREET ADDRESS STREET ADDRESS 4104 SUMMERDALE DRIVE St. Petersburg CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** 

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. Tames A. Wessman

SIGNATURE:

EUTreasurer