

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016198

1. Entity Name

BAY AREA BUSINESS COUNCIL, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90084 015 ***150.00

Principal Place of Business

Mailing Address

6202 BENJAMIN RD
TAMPA FL 33634
US

6202 BENJAMIN RD
TAMPA FL 33779-1428
US

2. Principal Place of Business

3. Mailing Address

First Union Bank Bldg.
801 West Bay Dr.
Suite, Apt. #, etc.

First Union Bank Bldg.
801 West Bay Dr.
Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Largo, FL

Largo, FL

Zip
33770

Country
USA

Zip
33770

Country
USA

4. FEI Number 59-3371356

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

PORCELLI, PETER J JR
6202 BENJAMIN RD
TAMPA FL 33634

Name
Peter J. Porcelli II
Street Address (P.O. Box Number is Not Acceptable)
801 West Bay Dr.
Suite 201
City **Largo, FL** Zip Code **33770**

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 *x* *Peter J. Porcelli II*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PORCELLI, PETER J JR**
CITY-ST-ZIP **6202 BENJAMIN RD**
TAMPA FL 33634

TITLE ☒ Change ☐ Addition
NAME **Peter J. Porcelli II**
STREET ADDRESS **801 West Bay Dr., Suite 201**
CITY-ST-ZIP **Largo, FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/T**
STREET ADDRESS **Bonnie A. Harris**
CITY-ST-ZIP **801 West Bay Dr., Suite 201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Largo, FL 33770**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter J. Porcelli II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000

Date

727-518-7750

Daytime Phone #

CR2E034 (9/99)